



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002265

[REDACTED]

Dear [REDACTED],

On May 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 2, 2015 disenrollment determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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## Decision

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NY State of Health Number: [REDACTED]  
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## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that the coverage provided by your qualified health plan began as of February 1, 2015 and ended effective April 30, 2015?

## Procedural History

On January 1, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible to receive up to \$159.00 per month of advance premium tax credits and newly eligible for cost-sharing reductions effective February 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming, in relevant part, that you selected Fidelis Care Platinum ST INN Pediatric Dental Dep25 (Fidelis Care Platinum) with a premium responsibility of \$426.38 after your APTC of \$159.00 was applied.

On April 1, 2015, you contacted the Marketplace and requested that your insurance coverage with Fidelis Care Platinum be cancelled effective March 31, 2015. The Marketplace processed your request that same day and told you that your coverage will end effective April 30, 2015.

That same day, you spoke with a representative from the Marketplace's Account Review Unit and appealed the disenrollment date insofar as you wanted your coverage cancelled effective March 31, 2015 because your health insurance outside the Marketplace began April 1, 2015.

On April 2, 2015, the Marketplace issued a disenrollment notice that your April 1, 2015 request to end your insurance coverage with Fidelis Care Platinum had been processed and you will no longer have coverage with Fidelis Care Platinum effective April 30, 2015.

On May 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you the opportunity to submit proof of your health coverage through Medicare effective April 1, 2015.

On May 20, 2015, the Marketplace's Appeals Unit received a two page fax from you, which it considers to be timely. It consisted of (1) A cover page; and (2) A copy of a March 24, 2015 letter from the Social Security. This two-page fax was made part of the record as "Appellant's Exhibit B."

Since the requested documentation was timely received, the record was closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified, and the record reflects, that you are the only person in your tax household.
- 2) According to your Marketplace account, you attested to an expected income for the 2015 tax year of \$36,000.00.
- 3) You testified that you maintained health insurance coverage through the Marketplace while you were waiting for the Social Security Administration to confirm your Medicare Part B benefits.
- 4) You testified that you received the Social Security Administration's March 24, 2015 notice about one week later on March 31, 2015.
- 5) You testified that you notified the Marketplace on April 1, 2015, the day after you got the Social Security Medicare letter, that you had health benefits outside the

Marketplace through Medicare and no longer need coverage with Fidelis Care Platinum as of April 1, 2015.

- 6) You testified that you are seeking to have your coverage with Fidelis Care Platinum cancelled as of March 31, 2015 so that you will not be responsible for paying the April 2015 premium for that plan.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f); 45 CFR § 155.305(f)(1)(B)).

### Termination of Coverage

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains minimum essential coverage, with appropriate notice to the Marketplace or qualified health plan (45 CFR §155.430(b)(1)).

For enrollee-initiated terminations, the last day of coverage generally is:

The termination date specified by the enrollee, if they provide notice at least 14 days before the requested termination becomes effective;

Fourteen days after the enrollee requests the termination, if they do not provide 14 days' notice; or

On a date on or after the date the enrollee requests the termination, subject to the determination of the enrollee's qualified health plan issuer, if the enrollee's qualified health plan issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests an earlier termination in fewer than 14 days, and the enrollee requests an earlier termination effective date.

(45 CFR § 155.430(d)(2)(i)-(iii)).

## **Legal Analysis**

The issue under review is when your health insurance coverage through your qualified health plan (QHP) with advance premium tax credit (APTC) should have ended.

According to your Marketplace account and your testimony at hearing, you were enrolled in a platinum-level QHP as of February 1, 2015, with a monthly APTC of \$159.00. Your eligibility for APTC and enrollment in a QHP with APTC through the Marketplace as of February 1, 2015 is not under dispute.

Once enrolled, an enrollee must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to the Marketplace or their health plan.

The record reflects that you did not request to terminate your health insurance coverage through the Marketplace until April 1, 2015. The April 2, 2015 Disenrollment Notice from the Marketplace states that you requested cancellation of our insurance provider and your request had been processed such that your coverage with Fidelis Care Platinum would end April 30, 2015. You testified that even though your request to terminate coverage had been processed, the effective date of April 30, 2015 leaves you responsible for that month's premium.

You would have had to provide notice at least 14 days before your requested termination date of March 31, 2015 became effective, which means you would have had to provide notice by March 17, 2015 to the Marketplace. According to the record, you provided notice on April 1, 2015. Therefore, the Marketplace properly terminated your Fidelis Care Platinum plan effective April 30, 2014, which is the last day of the month following your notice to cancel coverage.

You may request that Fidelis Care agree to end coverage earlier than April 30, 2015. However, Fidelis Care would have to agree to provide you an earlier termination date.

The Marketplace's April 2, 2015 disenrollment notice is AFFIRMED.

## **Decision**

The Marketplace's April 2, 2015 disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** August 27, 2015

## **How this Decision Affects Your Eligibility**

This determination does not affect your enrollment in Fidelis Care Platinum as of February 1, 2015 or your eligibility to receive advance premium tax credit of \$159.00 per month and cost sharing reductions.

The date of disenrollment, or cancellation, of your health insurance with Fidelis Care Platinum is effective April 30, 2015. You may request that Fidelis Care agree to end coverage before March 31, 2015. However, Fidelis Care would have to agree to provide you an earlier termination date.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
  - NY State of Health Appeals
  - P.O. Box 11729
  - Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The Marketplace's April 2, 2015 disenrollment notice is AFFIRMED.

This determination does not affect your enrollment in Fidelis Care Platinum as of February 1, 2015 or your eligibility to receive APTC of \$159.00 per month and cost sharing reductions.

The date of disenrollment, or cancellation, of your health insurance with Fidelis Care Platinum is effective April 30, 2015. You may request that Fidelis Care agree to end coverage earlier than April 30, 2015. However, Fidelis Care would have to agree to provide you an earlier termination date.

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

