

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

Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: AP000000002280



On May 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 20, 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 letter.

Legal Authority

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

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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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 on March 20, 2015, that you and your husband are disenrolled from a gold-level qualified health plan, effective March 31, 2015?

Procedural History

On December 6, 2015, the Marketplace issued a notice of eligibility redetermination based on your updated application for health insurance in 2015. The notice stated that you and your spouse were eligible to receive up to \$274.00 per month of advance premium tax credits (APTC) and your child was eligible to enroll in Child Health Plus effective January 1, 2015.

On December 14, 2015, the Marketplace issued a letter confirming you and your spouse's enrollment in EssentialCare Gold ST INN Dep25, a Health Republic of New York, Inc. insurance plan, with a monthly premium responsibility of \$727.73 after your APTC of \$274.00 was deducted. The letter also stated that coverage could start as early as January 1, 2015 if you paid your first month's premium on time and confirmed your child's enrollment in Fidelis Care Child Health Plus with a monthly premium responsibility of \$30.00 per month, which could start as early as September 1, 2014 if you paid your first month's premium.

On March 20, 2015, the Marketplace issued a disenrollment notice that, based on your March 19, 2015 request to end you and your spouse's coverage with EssentialCare Gold, had been processed and will be effective March 31, 2015.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

On April 3, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the disenrollment date insofar as you wanted the effective date to be the start date of January 1, 2015 because you learned your family was covered through employer-sponsored health insurance as of that date.

On May 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed and held open up to fifteen days to allow you the opportunity to submit proof of employer-sponsored health insurance as of January 1, 2015.

On May 20, 2015, the Marketplace's Appeals Unit received a two page fax from you that consisted of (1) A cover page; and (2) A copy of a confirmation statement issued by dated February 6, 2015, regarding your family's health plan benefit elections effective January 1, 2015. This fax was made part of the record as "Appellant's Exhibit A."

Since the requested evidence was received, the record was closed that same day.

Findings of Fact

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

- 1) You testified that you renewed your family's health insurance through the Marketplace for 2015 because you were under the impression that you, your husband and your child were not going to be covered for the first few months through your husband's new employer-sponsored health insurance and you did not want any of you to have a gap in coverage.
- 2) You testified that you paid the January 2015 and February 2015 monthly premiums on time for EssentialCare Gold and CHP.
- 3) You testified that you went to your doctor in March 2015 and were told for the first time that you needed to pick a primary healthcare plan for billing purposes because you had coverage with two health plans.
- 4) You testified that you did not know you had coverage through your husband's employer-sponsored health plan until you were at the doctor's office and this news prompted you to check into when your health insurance coverage through your husband's employer became effective.
- 5) You testified that you contacted the employer's benefits center and learned that you, your husband, and your child had coverage through your husband's employer-sponsored group health insurance plan, as of January 1, 2015. You

- also requested and received a copy of the confirmation statement of coverage from the employer that was on file (Appellant's Exhibit A. p. 2).
- 6) You testified that only you sought medical attention during the first three months of 2015 and your husband's employer-sponsored group health insurance plan has paid or will be paying the medical bills for services received such that your couple's health insurance coverage with EssentialCare Gold was not used by you.
- 7) You also testified that your husband did not require medical treatment or services in January, February, or March 2015, such that your couple's health coverage with EssentialCare Gold was not used by him.
- 8) On March 19, 2015 you contacted the Marketplace to request termination of you and your spouse's coverage with EssentialCare Gold QHP.
- 9) You testified that you want you and your husband's health coverage with EssentialCare Gold cancelled retroactively to the January 1, 2015 start date of the employer sponsored group health insurance plan for your family.
- 10) You also testified that you want to be refunded for the premiums you paid to EssentialCare Gold for January and February 2015 and the outstanding premium charge for March 2015, if any, to be reversed. You testified that you are not concerned about being reimbursed for the CHP premium paid for those months.

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

Applicable Law and Regulations

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 is either:

• 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 effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The first issue is whether the Marketplace properly disenrolled you and your husband from your Qualified Health Plan (QHP) EssentialCare Gold plan effective March 31, 2015.

The Marketplace may initiate termination of coverage and must permit a qualified health plan issuer to terminate coverage when an enrollee is no longer eligible for coverage in a qualified health plan through the Marketplace. Here, you testified that your husband's new employer provided health insurance as of January 1, 2015, which you did not know of until sometime in March 2015. You provided documentary proof that confirmed coverage for you, your husband, and child was being provided through your husband's employer as of January 1, 2015 (Appellant's Exhibit A).

On March 20, 2015, the Marketplace issued a disenrollment notice that, based on your March 19, 2015 request to end you and your spouse's coverage with EssentialCare Gold, had been processed and was effective March 31, 2015.

On March 19, 2015 you contacted the Marketplace to request termination of you and your spouse's coverage with EssentialCare Gold QHP. You testified that you want your health coverage with EssentialCare Gold cancelled retroactively to the January 1, 2015 start date of the employer sponsored group health insurance plan you had enrolled in on that date.

For enrollee initiated terminations the last day of coverage is the termination date specified by the enrollee if they provide notice at least 14 days before the requested termination date becomes effective. For a January 1, 2015 termination date, you would have to provide notice to the Marketplace or your QHP at least fourteen days before that date, which would have been by December 18, 2014.

Since you did not provide reasonable notice to the Marketplace or QHP, your coverage cannot be terminated effective January 1, 2015. Health Republic Insurance of New York

would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days.

Therefore, the Marketplace's March 20, 2015 disenrollment notice is AFFIRMED to state that your insurance coverage with Essential Care Gold Plan will terminate effective the last day of the month following your request which is March 31, 2015.

You may contact Health Republic Insurance of New York to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Decision

The Marketplace's March 20, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

Your coverage with Health Republic Insurance of New York Essential Care Gold Plan ended effective March 31, 2015. You may contact Health Republic Insurance of New York to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

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.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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 March 20, 2015 disenrollment notice is AFFIRMED.

Your coverage with Health Republic Insurance of New York Essential Care Gold ended effective March 31, 2015. You may contact Health Republic Insurance of New York to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

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:

