



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

Notice of Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002504

[REDACTED]

Dear [REDACTED],

On May 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 21, 2015 disenrollment notice.

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 Code of Federal Regulation (CFR) 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002504

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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 your qualified health plan coverage ended on April 30, 2015?

Procedural History

On November 6, 2014, the Marketplace issued a notice stating that it was time for you to renew your health insurance for 2015. That notice stated that, based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage in 2015, and that you needed to update your account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2014.

On December 22, 2014, the Marketplace issued an eligibility redetermination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost through NY State of Health, effective January 1, 2015.

Also on December 23, 2014, the Marketplace issued a letter confirming your enrollment in a qualified health plan, with a monthly premium responsibility of \$564.59. The letter informed you that your coverage could start as early as January 1, 2015 provided you paid your first month's premium. The notice also stated that you must pay the monthly premium for this coverage before your coverage could begin.

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On April 21, 2015, the Marketplace issue a disenrollment notice confirming receipt of your April 20, 2015 request to end your coverage. It also stated that your QHP coverage would terminate effective April 30, 2015. You appealed this disenrollment notice insofar as you were seeking a QHP termination date of December 31, 2014.

On May 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are appealing the Marketplace's refusal to backdate the termination of your qualified health plan (QHP) from April 30, 2015 to December 31, 2014. You are seeking that your QHP coverage be terminated as of December 31, 2014 because you became eligible for Medicare in December 2014.
- 2) You testified that you paid your premiums for your QHP plan every month during 2014, and the last month you paid a premium for was the month of December 2014.
- 3) You testified that you received all of the notices from the Marketplace regarding your eligibility and reenrollment for 2015, but assumed that if you didn't pay the premium amounts your coverage would automatically be terminated.
- 4) You testified that you became eligible for Medicare on December 1, 2014.
- 5) You testified that you did not make any premium payments for coverage under your QHP during 2015.
- 6) You testified that you only became aware this caused a potential issue when you went to the pharmacist to refill a prescription, and the pharmacist indicated to you that your QHP plan coverage was still active. You were advised by the pharmacist to call and cancel that plan.
- 7) You called the Marketplace on April 20, 2015 to cancel your QHP plan coverage.

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

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Applicable Law and Regulations

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 and earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the end date of your qualified health plan (QHP) insurance coverage was April 30, 2015.

You testified, and provided evidence, that you became eligible for Medicare effective December 1, 2014.

An enrollee must be allowed to terminate his or her coverage with a QHP if they begin receiving minimum essential coverage with appropriate notice to the Marketplace or to their health plan. You testified that you did not inform the Marketplace of your eligibility for Medicare until late April 2015 since you believed that your plan would terminate automatically provided you did not make any premium payments. The record indicates that you called on April 20, 2015.

However, on December 22, 2014, the Marketplace issued an enrollment confirmation notice, stating that as of January 1, 2015 you were enrolled in a QHP with a premium responsibility of \$564.59. The notice further stated that if you had a premium responsibility, you must pay the monthly premium before your coverage could begin. If you did not pay your premium, you might not have health coverage.

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You testified that you did not pay any premium amounts for your QHP coverage for the months of January to April of 2015. Because you did not pay your first premium, your plan coverage never went into effect.

Therefore, the disenrollment notice issued on April 21, 2015 is MODIFIED to say your plan coverage terminated effective December 31, 2014.

Decision

The April 21, 2015 disenrollment notice is MODIFIED to say your plan coverage terminated effective December 31, 2014.

Effective Date of this Decision: October 28, 2015

How this Decision Affects Your Eligibility

Your plan coverage terminated effective December 31, 2014.

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.

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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 April 21, 2015 disenrollment notice is MODIFIED to say your plan coverage terminated effective December 31, 2014.

Your plan coverage terminated effective December 31, 2014.

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:

