



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002630

[REDACTED]

Dear [REDACTED],

On June 19, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 29, 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 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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NY State of Health Number: [REDACTED]
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[REDACTED]

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 through New York State of Health ended May 31, 2015?

Procedural History

Two accounts were opened in your name, [REDACTED] and [REDACTED].

On December 16, 2014, the Marketplace issued a notice confirming your enrollment in your qualified health plan (QHP). The notice further stated that your coverage could start as early as January 1, 2015, if you paid your first month's premium. This notice was issued under your Marketplace account number [REDACTED].

On April 27, 2015, your account number [REDACTED] was adjusted to reflect that you no longer need insurance. On that same day, your account number [REDACTED] was also adjusted to reflect that you no longer need insurance.

Also on April 27, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective end date of your insurance coverage with your QHP, insofar as it was not terminated effective February 28, 2015. This appeal was created under account number [REDACTED].

On April 29, 2015, the Marketplace issued a disenrollment notice, under account number [REDACTED], stating that your insurance with your QHP would end effective May 31, 2015.

On June 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence.

The Marketplace's Appeals Unit received your supporting evidence on June 23, 2015, which included a notice issued by [REDACTED] confirming that your new coverage would be effective March 1, 2015. This document was marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on June 23, 2015.

Findings of Fact

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

- 1) The New York Marketplace's system reflects that you have two active accounts: [REDACTED] and [REDACTED].
- 2) The New York Marketplace's system reflects that you were enrolled in your qualified health plan (QHP) effective January 1, 2015, under account number [REDACTED].
- 3) You testified that you spoke with the New York Marketplace on February 4, 2015 to cancel your health insurance policy because you were moving to Missouri. There is no record of this phone call in either of your accounts. Our records show you called to terminate this coverage on April 27, 2015, and that you stated at that time that you had called on February 27, 2015. There is also no record of any call on that date.
- 4) You testified that you moved to Missouri on February 21, 2015.
- 5) You testified that you paid your insurance premiums for January and February 2015 for your QHP. You further testified that you did not use this coverage after February 21, 2015.
- 6) You testified that you purchased a new health insurance policy through the Missouri-based Marketplace on, or around, February 24, 2015. You further testified that you were told that the Missouri Marketplace would contact the New York Marketplace to confirm that you had effective coverage in Missouri.

- 7) You testified, and provided evidence, that your Missouri-based health insurance coverage with [REDACTED] ([REDACTED]) began on March 1, 2015 (Appellant's Exhibit 1).
- 8) You are requesting to backdate the effective date of your disenrollment with EssentialCare to February 28, 2015.

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

Applicable Law and Regulations

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

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

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's QHP issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that the coverage provided by your qualified health plan (QHP) ended on May 31, 2015.

Enrollees must be allowed to terminate their coverage with a QHP if they provide appropriate notice to the Marketplace or to their health plan.

You testified that you paid the premium to your QHP for your 2015 health insurance coverage for January and February, but that you did not pay any premiums after that. However, your Marketplace account reflects that you did not request to terminate your health insurance coverage through the Marketplace

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until April 27, 2015. Therefore, the Marketplace properly terminated your insurance coverage with your QHP effective May 31, 2015, which is the last day of the month following your request.

Since you did not provide reasonable notice to the Marketplace, The Marketplace cannot direct that your coverage be terminated effective February 28, 2015 as you requested. 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 April 29, 2015 disenrollment notice is AFFIRMED.

However, your carrier may agree to terminate your coverage at the earlier date you requested. You may contact your carrier and provide evidence that you had in fact obtained coverage as you testified, as well as a copy of this decision, and request that they effectuate your disenrollment with an earlier date than you provided notice for.

Decision

The Marketplace's April 29, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

Your disenrollment through your health plan through New York State of Health's Marketplace remains as previously determined; however, you may contact your former health plan and request that they honor your request to 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
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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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's April 29, 2015 disenrollment notice is **AFFIRMED**.

Your disenrollment through your health plan through New York State of Health's Marketplace remains as previously determined; however, you may contact your former health plan and request that they honor your request to 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:

