



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

## Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002685

[REDACTED]

Dear Mr. [REDACTED]

On June 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 2, 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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## Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002685



## Issue

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

Did the Marketplace properly determine that your catastrophic plan coverage ended on May 31, 2015?

## Procedural History

On October 18, 2014, the Marketplace issued a notice stating it was time to renew your NY State of Health coverage. It further stated that you had been reenrolled in your current health plan, an Emblem Health catastrophic plan, with such coverage beginning January 1, 2015. If this was incorrect, you were directed to update your account between November 16, 2014 and December 15, 2014 in order for any changes to be effective by January 1, 2015.

On December 9, 2014, the Marketplace issued a letter confirming your enrollment in a catastrophic plan for the 2015 plan year, with a monthly premium responsibility of \$200.70 per month. The letter also 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 needed to pay the monthly premium for this coverage before your coverage could begin.

On May 2, 2015, the Marketplace issued a disenrollment notice confirming receipt of your May 1, 2015 request to end your coverage. It also stated that your plan coverage would terminate effective May 31, 2015. You appealed this disenrollment notice insofar as you were seeking a plan termination date of April 30, 2015.

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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 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 were appealing the Marketplace's refusal to backdate the termination date of your catastrophic plan from May 31, 2015 to April 30, 2015. You further testified that you were seeking to terminate your catastrophic plan coverage as of April 30, 2015 because you became eligible to enroll in a health plan available through your new employer beginning May 1, 2015.
- 2) You testified that you called Emblem Health on April 30, 2015 to request a disenrollment from your catastrophic plan. You stated that during your conversation with the Emblem Health representative, he instructed you contact the Marketplace to request such a disenrollment from your catastrophic plan.
- 3) You testified that you contacted the Marketplace by phone on May 1, 2015 to request the disenrollment from your catastrophic plan.
- 4) You testified that you became eligible to enroll in a health plan available through your employer beginning May 1, 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, 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 Emblem Health catastrophic plan coverage was May 31, 2015.

You testified that you became eligible to enroll in a health plan available through your employer beginning May 1, 2015.

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 credibly testified that you did not request a disenrollment from your that Emblem Health catastrophic plan until April 30, 2015 and that the Marketplace was also not informed until May 1, 2015; the Marketplace's records indicate you called the Marketplace on May 1, 2015.

Since the credible evidence of record reflects that you did not call the plan issuer until April 30, 2015 and the Marketplace until May 1, 2015 to request a disenrollment from your catastrophic plan, we find that reasonable notice was not provided for an April 30, 2015 plan termination date. Even if you had contacted the Marketplace directly on April 30, 2015, the termination date still would have been May 31, 2015.

Therefore, the disenrollment notice issued on May 2, 2015 is **AFFIRMED**.

## **Decision**

The May 2, 2015 disenrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** November 09, 2015

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

Your Emblem Health catastrophic plan coverage terminated effective May 31, 2015.

## **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
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## **Summary**

The May 2, 2015 disenrollment notice is AFFIRMED.

Your Emblem Health catastrophic plan coverage terminated effective May 31, 2015.

## **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:**

