



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: AP000000002731

[REDACTED]

Dear [REDACTED],

On June 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 23, 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 Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002731

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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 coverage in your qualified health plan for you and your spouse ended on April 30, 2015?

Procedural History

On November 28, 2014 and December 4, 2014, the Marketplace issued eligibility determination notices stating, in relevant part, that you and your spouse were eligible to enroll in a QHP; eligible to receive an advance premium tax credit (APTC); and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective January 1, 2015.

On December 11, 2014, the Marketplace issued a letter confirming enrollment in a silver-level QHP for you and your spouse, with a premium responsibility of \$324.08. 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 needed to pay the monthly premium for this coverage before your coverage could begin.

On April 23, 2015, the Marketplace issued a disenrollment notice confirming your April 22, 2015 request to end your coverage. This notice stated that coverage in your silver-level QHP coverage for you and your spouse would terminate effective April 30, 2015. You appealed this disenrollment notice insofar as you were seeking a QHP termination date of March 31, 2015.

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On June 24, 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 March 31, 2015.
- 2) You testified, and the record reflects that you called the Marketplace on April 22, 2015 to terminate health coverage for you and your spouse.
- 3) The Marketplace terminated coverage for you and your spouse's effective April 30, 2015.
- 4) You testified that you requested a coverage termination date of March 31, 2015. You further testified that a Marketplace representative stated that a termination backdate request would be submitted for you and that you would receive a call back if your request was approved.
- 5) You testified that you received a call back one or two days later, but it appeared that your backdating request had not been completed.

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

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- 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 you and your spouse's qualified health plan (QHP) insurance coverage was April 30, 2015.

An enrollee must be allowed to terminate his or her coverage under a QHP if they provide the appropriate notice to the Marketplace or to their health plan. You credibly testified that you called the Marketplace on April 22, 2015 to disenroll you and your spouse from your plan coverage. You further stated that you requested a coverage termination date of March 31, 2015.

Because you did not provide reasonable notice to the Marketplace to terminate your coverage until late April 2015, your coverage cannot be retroactively terminated effective March 31, 2015.

Therefore, the disenrollment notice issued on April 23, 2015 is AFFIRMED.

However, federal regulation allows for an exception if the QHP issuers agree to effectuate termination in fewer than 14 days and the enrollee has requested an earlier termination date. If you requested an earlier cancellation date and you and your spouse did not use coverage under your health plan after March 31, 2015, the health insurance issuers may agree to the earlier termination date that you had requested.

Decision

The April 23, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

Coverage for you and your spouse terminated effective April 30, 2015.

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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:
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- By fax: 1-855-900-5557

Summary

The April 23, 2015 disenrollment notice is **AFFIRMED**.

You and your spouse's plan coverage terminated effective April 30, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

