



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

Notice of Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003206

[REDACTED]

Dear [REDACTED]

On August 12, 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 the 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 the 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: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003206



Issue

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

Did the Marketplace properly terminate health coverage through Health Republic PrimarySelect Silver for you and your spouse effective April 30, 2015?

Procedural History

On July 31, 2014, the Marketplace issued an enrollment confirmation notice that stated as of July 30, 2014 you and your spouse were enrolled in Fidelis Care Bronze, with a premium responsibility of \$269.75. The notice further stated that you must pay your monthly premium before your coverage could begin. If you paid your first month's premium, your 2015 coverage could start as early as September 1, 2015.

On November 19, 2014, the Marketplace issued a cancellation notice confirming that you requested to terminate your coverage under the Fidelis Care Bronze plan had been received November 18, 2015. The notice further state that your request had been processed and that you and your spouse would not have coverage under that plan.

On December 19, 2014, the Marketplace issued an eligibility determination notice which stated that you are your spouse were eligible to enroll in a qualified health plan (QHP), eligible to receive an advance premium tax credit (APTC) of up to \$412.00 per month, and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective January 1, 2015. It also stated that your son

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was eligible to enroll through Child Health Plus (CHP) at a reduced premium rate of \$9.00 per month, effective January 1, 2015.

Also on December 19, 2014, the Marketplace issued an enrollment confirmation notice that stated as of December 18, 2014 you and your spouse were enrolled in PrimarySelect Silver, with a premium responsibility of \$158.24, after applying the maximum APTC of \$412.00, and that your son was enrolled in a Fidelis Care CHP plan with a premium responsibility of \$9.00. The notice further stated, in each case, that you must pay the monthly premium before coverage could begin. If you paid the first month's premium, your 2015 coverage could start as early as January 1, 2015.

On December 29, 2014, the Marketplace issued a disenrollment notice confirming that coverage under the Fidelis Care Bronze plan for you and your spouse would end December 31, 2014.

On February 11, 2015, the Marketplace received a revised application in which you attested to an increase in your expected yearly income.

On February 12, 2015, the Marketplace issued an eligibility redetermination notice which stated that you and your spouse were eligible to enroll in a QHP; eligible to receive an APTC of up to \$245.00 per month; and, if you selected a silver-level plan, eligible for CSR, effective March 1, 2015. It also stated that your son was eligible to enroll through CHP at a reduced premium rate of \$15.00 per month, effective March 1, 2015.

On April 21, 2015, the Marketplace issued a disenrollment notice confirming your request to cancel coverage under the PrimarySelect Silver plan for you and your spouse as of April 20, 2015. The notice further stated that your request had been processed and that the coverage would end effective April 30, 2015.

On May 29, 2015, you spoke to the Marketplace's Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage on April 30, 2015 and not December 31, 2014.

On August 12, 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 and your spouse were enrolled in a Fidelis Care Bronze plan during part of the 2014 plan year.

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- 2) You testified that you called the Marketplace on November 18, 2014 to cancel coverage under the Fidelis Care Bronze plan for you and your spouse prior to the beginning of the 2015 plan year.
- 3) On November 19, 2014, the Marketplace issued a notice confirming that you and your spouse would not have coverage under the Fidelis Care Bronze plan.
- 4) On December 29, 2014, the Marketplace issued a disenrollment notice confirming that your and your spouse's coverage under the Fidelis Care Bronze plan would terminate effective December 31, 2014.
- 5) On December 14, 2014, the Marketplace issued a notice confirming you and your spouse's selection of the Health Republic EssentialCare Silver plan, effective January 1, 2015.
- 6) On December 19, 2014, the Marketplace issued a cancellation notice confirming that on December 18, 2014 you called to cancel coverage under the EssentialCare Silver plan for you and your spouse. The Marketplace also stated in this notice that you and your spouse would not have coverage under this plan.
- 7) Also on December 19, 2014, the Marketplace issued a notice confirming you and your spouse's selection of the Health Republic PrimarySelect Silver, effective January 1, 2015.
- 8) You testified that you recall contacting the Marketplace during December 2014 or January 2015 to cancel your coverage under a Health Republic silver-level plan, but were not sure which plan.
- 9) You testified that you logged into your account again on February 11, 2015 to update your income since you still wanted your son to remain enrolled in his Fidelis Care CHP policy.
- 10) You stated that you were surprised to receive bills of \$158.60 and then \$325.24 for coverage under a plan you believed you had disenrolled from prior to the beginning of the 2015 plan year.
- 11) You testified that you did not pay any premium amounts to Health Republic for coverage during the 2015 plan year.
- 12) You testified that you called the Marketplace again on April 21, 2015 to cancel coverage through the Marketplace for you and your spouse.

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)(i)).

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 you and your spouse's coverage with the Health Republic EssentialCare Silver plan was properly terminated effective April 30, 2015.

On December 19, 2014, the Marketplace issued an enrollment confirmation notice that stated as of December 18, 2014 you were enrolled in EssentialCare Silver plan, with a premium responsibility of \$158.60. The notice further stated that if you had a premium responsibility, you must pay the first monthly premium before your coverage could begin. If you did not pay your premium, you might not have health coverage.

You testified that you did not pay any premium to EssentialCare Silver plan for any month during the 2015 plan year. Furthermore, you testified that you recalled contacting the Marketplace during December 2014 and January 2015 with the intent to terminate your and your spouse's coverage. You further testified that you were surprised on receiving bills from Health Republic for \$158.60, and then

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for \$325.24, after you had updated your account on February 11, 2015 to ensure your son's CHP coverage was current.

Because you did not pay any premium for 2015 coverage, your coverage in EssentialCare Silver plan never went into effect.

Therefore, the disenrollment notice issued on April 21, 2015 is MODIFIED to state you and your spouse no longer have coverage with Health Republic EssentialCare Silver effective December 31, 2014.

Decision

The January 9, 2015 disenrollment notice is MODIFIED to state you and your spouse no longer have coverage with Health Republic EssentialCare Silver effective December 31, 2014.

Effective Date of this Decision: October 27, 2015

How this Decision Affects Your Eligibility

You and your spouse's coverage ended 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

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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 January 9, 2015 disenrollment notice is MODIFIED to state you and your spouse no longer have coverage with Health Republic EssentialCare Silver effective December 31, 2014.

You and your spouse's coverage ended 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:

