



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: AP000000003420

[REDACTED]

Dear [REDACTED],

On August 4, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 11, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003420

[REDACTED]

Issue

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

Did the Marketplace properly determine that your enrollment in EssentialCare Silver ST INN Dep25 should be terminated effective June 30, 2015?

Procedural History

On January 31, 2015, the Marketplace issued a notice confirming your enrollment in EssentialCare Silver ST INN Dep25. The notice further stated that if you paid your first month's premium, your coverage could start as early as January 1, 2015.

On June 10, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the June 30, 2015 termination effective date.

On June 11, 2015, a disenrollment notice was issued that stated you had requested to end your insurance coverage with EssentialCare Silver ST INN Dep25 on June 10, 2015. The notice further stated that you would no longer have coverage effective June 30, 2015.

On August 4, 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:

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- 1) You were enrolled in EssentialCare Silver ST INN Dep25 (Health Republic) effective January 1, 2015.
- 2) You testified that you contacted the Marketplace in March 2015 to terminate your health plan.
- 3) The Marketplace issued a disenrollment notice on June 11, 2015, that you requested to end your insurance on June 10, 2015. The notice states that your coverage through the Marketplace would terminate effective June 30, 2015.
- 4) You testified that you received a statement for approximately \$700.00 from Health Republic in June 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), (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 qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue is whether the Marketplace properly determined that you and your spouse's enrollment in EssentialCare Silver ST INN Dep25 was terminated on June 30, 2015.

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On January 31, 2015, the Marketplace issued an enrollment confirmation notice, stating that as of January 1, 2015 you were enrolled in EssentialCare Silver ST INN Dep25.

You testified that you contacted the Marketplace in March 2015, and requested that your health coverage be terminated. However, the record lacks sufficient evidence to corroborate this testimony.

The Marketplace must permit an enrollee to terminate their coverage with a qualified health plan (QHP) with appropriate notice to the Marketplace or QHP. However, the enrollee must provide reasonable notice before their enrollment in a QHP may be terminated. Reasonable notice is at least fourteen days before the requested effective date of termination.

On June 10, 2015, you requested that your QHP coverage to be terminated. The termination date must be at least fourteen days from when it was requested. Since you did not provide reasonable notice to the Marketplace or QHP, your coverage must be terminated June 30, 2015. Your health plan would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days.

Therefore, the Marketplace's June 11, 2015 termination notice is AFFIRMED to state that your insurance coverage with EssentialCare Silver ST INN Dep25 will terminate effective the last day of the month following your request which is June 30, 2015.

You may contact your health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Therefore, the disenrollment notice issued on June 11, 2015 is AFFIRMED.

Decision

The Marketplace's June 11, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: October 27, 2015

How this Decision Affects Your Eligibility

Your coverage through EssentialCare Silver ST INN Dep25 is terminated effective June 30, 2015.

You may contact your health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

If You Disagree with this Decision (Appeal Rights)

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).

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 Marketplace's June 11, 2015 disenrollment notice is AFFIRMED.

Your coverage through EssentialCare Silver ST INN Dep25 is terminated effective June 30, 2015.

You may contact your health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Legal Authority

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).

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:

