



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

Notice of Decision

Decision Date: November 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003460

[REDACTED]

Dear [REDACTED],

On August 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 13, 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003460



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 your health insurance plan ended effective June 30, 2015?

Procedural History

On January 10, 2015, the Marketplace issued a notice stating that it was time for you to renew your health insurance for 2015. That notice stated that, based on information from federal and state sources, you qualified to purchase a qualified health plan at full cost. This eligibility was effective March 1, 2015. The notice stated that if this was incorrect, you would need to update your account by February 15, 2015 in order for the changes to be in effect by March 1, 2015.

No changes were made to your account by February 15, 2015.

On February 15, 2015, the Marketplace issued a notice confirming your enrollment in EssentialCare Bronze ST INN Dep25 as of February 14, 2015. The notice further stated that if you paid your first month's premium, your coverage could start as early as March 1, 2015. If you did not pay your premium, you might not have health coverage.

Also on February 15, 2015, the Marketplace issued a disenrollment notice, stating that your enrollment in New York State Catholic Health Plan, Inc., would end effective February 28, 2015.

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On June 12, 2015, your account was updated, reflecting an attested household income of \$16,000.00. On that same day, a preliminary eligibility determination was prepared, stating that you were eligible for Medicaid, effective June 1, 2015.

Also on June 12, 2015, you spoke to the Marketplace's Account Review Unit and appealed the effective end date of your qualified health plan insofar as your coverage was terminated on June 30, 2015, and not June 1, 2015.

On June 13, 2015, a disenrollment notice was issued that stated you had requested to end your insurance coverage with EssentialCare Bronze ST INN Dep25 on June 12, 2015. The notice further stated that you would no longer have coverage with EssentialCare Bronze ST INN Dep25 effective June 30, 2015.

Also on June 13, 2015, the Marketplace issued a notice of eligibility redetermination that stated you were eligible for Medicaid, effective June 1, 2015.

On August 6, 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

- 1) You testified, and the record reflects, that you enrolled in EssentialCare Bronze ST INN Dep25 on February 14, 2015, with coverage effective March 1, 2015.
- 2) You testified that you paid premiums to your health plan for the months of March, April, and May 2015.
- 3) You testified that you could not afford your health insurance premiums and updated your Marketplace account on June 12, 2015 to reflect an expected household income of \$16,000.00 for the 2015 tax year.
- 4) You testified that you did not pay premiums to your health plan for the month of June 2015.
- 5) You testified that you requested to terminate your coverage through EssentialCare Bronze ST INN Dep25 on June 12, 2015.
- 6) You testified that you terminated your coverage because you became Medicaid eligible, effective June 1, 2015, and no longer needed the coverage.

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

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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 under review is whether the Marketplace properly determined that the coverage provided by your qualified health plan ended on June 30, 2015.

You testified, and the record reflects, that you became eligible for Medicaid on June 12, 2015, with coverage retroactively effective on June 1, 2015.

An enrollee must be allowed to terminate his or her coverage with a qualified health plan if they begin receiving minimum essential coverage with appropriate notice to the Marketplace or to their health plan.

You testified, and the record reflects, that you did not update your Marketplace account until June 12, 2015, which resulted in a determination that you were eligible for Medicaid. On that same day, you requested to terminate your qualified health plan coverage.

You further testified that you paid the premiums to EssentialCare Bronze ST INN Dep25 for your March, April and May 2015 health insurance coverage, but you did not pay the premium for June 2015 because you were determined Medicaid eligible retroactive to June 1, 2015.

However, because the Marketplace received your request to terminate your qualified health plan coverage on June 12, 2015, it properly terminated your health insurance coverage with EssentialCare Bronze ST INN Dep25 effective June 30, 2015, which is the last day of the month following your request.

The Marketplace's June 13, 2015 disenrollment notice is AFFIRMED.

Decision

The Marketplace's June 13, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: November 18, 2015

How this Decision Affects Your Eligibility

Your coverage through EssentialCare Bronze ST INN Dep25 ended effective June 30, 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
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's June 13, 2015 disenrollment notice is AFFIRMED.

Your coverage through EssentialCare Bronze ST INN Dep25 ended effective June 30, 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:

