



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: AP000000003870

[REDACTED]

Dear [REDACTED]

On September 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 14, 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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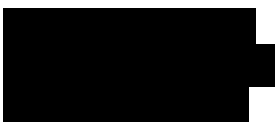


STATE OF NEW YORK
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Decision

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003870



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 qualified health plan ended on July 31, 2015?

Procedural History

On January 22, 2015, the Marketplace issued a notice confirming your enrollment in a qualified health plan as of January 21, 2015. The notice further stated that, if you paid your first month's premium, your coverage could start as early as March 1, 2015.

On July 14, 2015, The Marketplace issued a disenrollment notice stating that you had requested to end your insurance coverage with your qualified health plan on July 13, 2015. The notice further stated that you would no longer have coverage effective July 31, 2015.

Also on July 14, 2015, the Marketplace issued a notice confirming that on July 13, 2015 you had spoken to the Marketplace's Account Review Unit and appealed the date of your disenrollment was effective insofar as your coverage under your qualified health plan ended on July 31, 2015 and not on June 30, 2015.

On September 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. The record was developed during the hearing and left open for 15 days to allow [REDACTED]

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██████ time to submit a copy of the letter sent to cancel your coverage, as directed by the Hearing Officer. No documentation was received within the allotted time. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) On July 14, 2015, the Marketplace issued a disenrollment notice stating that you had requested to end your insurance coverage with your qualified health plan on July 13, 2015 and that your coverage would end effective July 31, 2015.
- 2) You testified that you became Medicare eligible as of July 1, 2015 and that you did not need to have coverage through the Marketplace for the month of July 2015.
- 3) Your Authorized Representative testified that he sent a letter to your health plan in June of 2015 requesting that your coverage through the plan be terminated because you would be Medicare eligible as of July 1, 2015.
- 4) The Hearing Officer directed your Authorized Representative to submit a copy of the letter he sent to your health plan as evidence within 15 days of the hearing. No evidence was received within the allotted time frame, and there is no record of such a letter having been received by the Marketplace.
- 5) The record indicates that you did not notify the Marketplace until July 13, 2015 that you wished to terminate your coverage through your qualified health plan.

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 under review is whether the Marketplace properly determined that the coverage provided by your qualified health plan ended on July 31, 2015.

On July 14, 2015, the Marketplace issued a disenrollment notice stating that you had requested to end your insurance coverage with your qualified health plan on July 13, 2015 and that your coverage would end effective July 31, 2015.

You testified that you became Medicare eligible as of July 1, 2015 and that you did not need to have coverage through the Marketplace for the month of July 2015.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to the Marketplace or to their health plan. When an enrollee initiates the termination as a result of obtaining minimum essential coverage outside of the Marketplace, the end date of their coverage is determined by when they provide appropriate notice.

Your Authorized Representative testified that he sent a letter to your health plan in June of 2015 requesting that your coverage through the plan be terminated because you would be Medicare eligible as of July 1, 2015. The Hearing Officer directed your Authorized Representative to submit a copy of the letter he sent to your qualified health plan as evidence within 15 days of the hearing. No evidence was received within the allotted time frame, and there is no record of such a letter having been received by the Marketplace.

Since there is no credible evidence to the contrary, the record indicates that you did not properly notify the Marketplace or your qualified health plan that you wished to terminate your coverage until July 13, 2015. Therefore, the

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Marketplace properly terminated your insurance coverage with your qualified health plan effective July 31, 2015, which is the last day of the month following your request.

However, the federal regulation allows for an exception if the qualified health plan issuer agrees to effectuate termination fewer than 14 days and the enrollee has requested an earlier termination date, as in your case. If you did not use the qualified health plan for yourself during July 2015, it is up to the qualified health plan issuer to agree to the earlier termination date of July 1, 2015, as you had requested.

Therefore, the Marketplace's July 14, 2015 disenrollment notice is **AFFIRMED** and you can pursue the earlier cancellation date request with the qualified health plan issuer directly.

Decision

The Marketplace's July 14, 2015 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: October 27, 2015

How this Decision Affects Your Eligibility

Your coverage through your qualified health plan ended effective July 31, 2015.

However, you can pursue an earlier date cancellation date request of July 1, 2015 with the qualified health plan issuer directly.

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

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's July 14, 2015 disenrollment notice is **AFFIRMED**.

Your coverage through your qualified health plan ended effective July 31, 2015.

However, you can pursue an earlier date cancellation date request of July 1, 2015 with the qualified health plan issuer directly.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]