



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: AP000000003945

[REDACTED]

Dear [REDACTED],

On October 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 30, 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003945



## Issue

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

Did the Marketplace properly terminate your coverage with Total Independence Bronze NS INN Dep25, effective June 30, 2015?

## Procedural History

On December 9, 2014, the Marketplace issued an enrollment notice confirming your health plan selection of Total Independence Bronze NS INN Dep25, a Health Republic Insurance of New York, Inc. plan, and your monthly premium responsibility of \$226.23 after your advance premium tax credit of \$108.00 was applied. The notice stated your coverage could begin after you paid your first month's premium and could start as early as January 1, 2015.

On June 30, 2015, the Marketplace issued a cancellation notice based on your June 29, 2015 request to end your insurance coverage with Total Independence Bronze NS INN Dep25, which was cancelled effective June 30, 2015.

On July 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the cancellation date.

On October 2, 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.

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## Findings of Fact

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

- 1) You testified that you obtained employer-sponsored insurance, effective April 1, 2015.
- 2) You testified that you did not know you had to notify the health plan or the Marketplace that your coverage with Total Independence Bronze NS INN Dep25 needed to be cancelled because in the past it just cancelled after you stopped paying premiums.
- 3) You testified that you have received premium statements from Health Republic Insurance of New York, Inc. billing you for the months of April, May, and June 2015, when you did not need nor use the coverage with Total Independence Bronze NS INN Dep25 since you had group health coverage through your employer as of April 1, 2015.
- 4) You want your Total Independence Bronze NS INN Dep25 plan to be cancelled effective March 31, 2015.

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

## Applicable Law and Regulations

### Termination of Coverage

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains other minimum essential coverage, with appropriate notice to the Marketplace or the qualified health plan (45 CFR § 155.430(b)(1)).

Reasonable notice is defined as at least fourteen days before the requested effective date of termination (45 CFR § 155.430(d)(1)(i)).

When an enrollee initiates termination of coverage with a qualified health plan, the last date of coverage is —

- (i) The termination date specified by the enrollee, if the enrollee provides reasonable notice;
- (ii) Fourteen days after the termination is requested by the enrollee, if the enrollee does not provide reasonable notice; or

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- (iii) On a date on or after the date on which the termination is requested by the enrollee, subject to the determination of the enrollee's QHP issuer, if the enrollee's QHP issuer agrees to effectuate termination fewer than fourteen days, and the enrollee requests an earlier termination date.

## **Legal Analysis**

The issue under review is when your insurance coverage through your qualified health plan should end.

The Marketplace must permit an enrollee to terminate his or her coverage with a qualified health plan with appropriate notice to the Marketplace. If the enrollee has provided reasonable notice, the last day of coverage through their qualified health plan is the day specified provided the enrollee has given 14 days advance notice. In the alternative, if the QHP issuer agrees to terminate coverage in fewer than 14 days and the enrollee requests an earlier termination date, the last day of coverage is the date requested by the enrollee.

In your case, you became newly eligible for employer-sponsored insurance effective April 1, 2015, and testified that you did not know you had to contact the Marketplace to cancel your health coverage and did not do so until June 29, 2015. As such, fourteen days' notice was not provided. However, the federal regulation allows for an exception if the QHP issuer, here Health Republic Insurance of New York, Inc., agrees to effectuate termination at an earlier termination date that you request, which is what you are seeking in your case. Since you credibly testified that you did not use the Total Independence Bronze NS INN Dep25 plan in April, May, and June 2015, because you had employer-sponsored insurance as of April 1, 2015, it is up to Health Republic of New York, Inc. to agree to the earlier termination date of March 31, 2015, as per your request.

Therefore, the coverage termination date of June 30, 2015 is AFFIRMED and you can pursue the earlier cancellation date request with Fidelis Care directly.

## **Decision**

The June 30, 2015 cancellation notice is AFFIRMED.

**Effective Date of this Decision:** November 09, 2015

## **How this Decision Affects Your Eligibility**

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 does not affect your past eligibility for or enrollment in a health plan through the Marketplace.

It simply directs you to take up your request for an earlier date cancellation date of April 1, 2015 with your health plan through Health Republic Insurance of New York, Inc.

## **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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Albany, NY 12211
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## **Summary**

The June 30, 2015 cancellation notice is AFFIRMED.

This decision does not affect your past eligibility for or enrollment in a health plan.

It simply directs you to take up your request for an earlier date cancellation date of April 1, 2015 up your health plan through Health Republic Insurance of New York, Inc.

## **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:**

