



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

Notice of Decision

Decision Date: December 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004362

[REDACTED]

Dear [REDACTED],

On November 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 4, 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 45 Code of Federal Regulations (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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Issue

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

Did the Marketplace properly determine that enrollment in Health Republic PrimarySelect Platinum for you and your spouse ended on August 31, 2015?

Procedural History

The Marketplace received an application on June 23, 2015 in which you attested to an expected yearly income of \$46,000.00.

On June 24, 2015, the Marketplace issued an eligibility determination notice stating that you and your spouse were eligible to enroll in a qualified health plan (QHP) and eligible receive an advance premium tax credit (APTC) up to \$402.00 per month. Your spouse's eligibility was determined to be conditional pending the receipt documentation to confirm her Social Security number and citizenship status before September 21, 2015. This eligibility determination was effective August 1, 2015.

On June 24, 2015, the Marketplace issued a notice confirming enrollment by you and your spouse in Health Republic PrimarySelect Platinum plan as of June 23, 2015. The notice further stated that if you paid your first month's premium of \$727.15, your coverage could start as early as August 1, 2015. If you did not pay your premium, you might not have health coverage.

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On August 4, 2015, the Marketplace issued an eligibility redetermination notice based on your August 3, 2015 revised application. It stated that you and your spouse were eligible to enroll in a QHP and eligible receive an APTC up to \$402.00 per month. Your spouse's eligibility was determined to be conditional pending the receipt documentation to confirm her Social Security number and citizenship status before November 1, 2015. This eligibility determination was effective September 1, 2015.

On August 4, 2015, a disenrollment notice was issued that stated you had requested to end insurance coverage for you and your spouse with Health Republic PrimarySelect Platinum plan on August 3, 2015. The notice further stated that you and your spouse would no longer have coverage with Health Republic PrimarySelect Platinum plan effective August 31, 2015.

Also on August 4, 2015, the Marketplace issued a notice confirming your enrollment in North Shore-LIJ CareConnect Insurance Company, Inc. Platinum as of August 3, 2015. The notice further stated that if you paid your first month's premium of \$714.00, your coverage could start as early as August 1, 2015. If you did not pay your premium, you might not have health coverage.

On August 18, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it terminated your coverage under your qualified health plan on August 31, 2015 and not on July 31, 2015.

On November 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

- 1) Your application reflects that you enrolled in the Health Republic PrimarySelect Platinum plan on June 23, 2015. Your coverage start date under this plan was determined to be as early as August 1, 2015.
- 2) You testified that you selected Health Republic PrimarySelect Platinum solely because the Marketplace's website indicated that your doctor accepting Health Republic insurance. You further testified that you did not independently confirm with your doctor that he accepted Health Republic.
- 3) You testified that you paid the \$727.15 premium amount to Health Republic for coverage for you and your spouse during August 2015.

- 4) You testified that you visited your doctor for an August 1, 2015 appointment. It was only at that point you learned your doctor did not accept Health Republic insurance.
- 5) You testified that you immediately contacted the Marketplace to terminate coverage for you and your spouse with Health Republic. The record reflects that you called the Marketplace on August 3, 2015 to request a disenrollment.
- 6) During that call on August 3, 2015, you enrolled in North Shore-LIJ CareConnect Insurance Company, Inc. Platinum for coverage for both you and your spouse. The Marketplace issued a notice on August 4, 2015 confirming that coverage under this plan for you and your spouse would begin August 1, 2015.
- 7) You testified that you paid the \$714.00 premium for coverage under the North Shore-LIJ CareConnect Insurance Company, Inc. Platinum for the month of August 2015.
- 8) You testified that you were satisfied with the coverage provided by CareConnect, and were content with an August 1, 2015 start date for coverage under that plan.
- 9) You testified that you were seeking a termination date of coverage under the Health Republic plan of July 31, 2015, rather than August 31, 2015. You further testified that you were seeking a reimbursement of the \$727.15 premium amount you paid to Health Republic.

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 Health Republic PrimarySelect Platinum ended on August 31, 2015.

Enrollees must be allowed to terminate their coverage with a qualified health plan (QHP) if they provide appropriate notice to the Marketplace or to their health plan.

You testified that you paid the premium for Health Republic PrimarySelect Platinum for health insurance coverage for you and your spouse during August 2015. The record reflects that you selected this plan on June 23, 2015, which you testified was based solely on the Marketplace website indicating that your doctor accepted Health Republic. You further testified that prior to your August 1, 2015 appointment, you made no independent inquiry to confirm that your doctor had in fact accepted Health Republic. Since you took no independent action to confirm that your doctor accepted Health Republic insurance, we find such reliance unreasonable since the provider lists provided by the Marketplace as to which insurance plans are accepted by individual providers are merely advisory and subject to change.

The record reflects that you did not request to terminate the Health Republic insurance coverage through the Marketplace until August 3, 2015. Therefore, the Marketplace properly terminated your insurance coverage with Health Republic effective August 31, 2015, which is the last day of the month following your request.

Since you did not provide reasonable notice to the Marketplace or QHP, your coverage cannot be terminated effective July 31, 2015, which would cancel all coverage with Health Republic. Health Republic would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days. However, you testified that they have already denied your request to terminate your coverage effective July 31, 2015.

Therefore, the Marketplace's August 4, 2015 disenrollment notice is **AFFIRMED** to state that your insurance coverage with Health Republic PrimarySelect Platinum will terminate effective the last day of the month following your request which is August 31, 2015.

Decision

The Marketplace's August 4, 2015 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: December 16, 2015

How this Decision Affects Your Eligibility

Your coverage through Health Republic PrimarySelect Platinum ended effective August 31, 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's August 4, 2015 disenrollment notice is AFFIRMED.

Your coverage through Health Republic PrimarySelect Platinum ended effective August 31, 2015.

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:

