



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004367

[REDACTED]

Dear [REDACTED],

On November 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 3, 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).

This page intentionally left blank.



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

Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004367

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that your enrollment in the MVP Premier Plus Platinum plan ended on February 28, 2015?

Are you eligible for reimbursement of the health insurance premium that you paid for coverage during February 2015?

Procedural History

On December 4, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible to enroll in a qualified health plan at full cost; you did not request financial assistance. This determination was effective January 1, 2015. You previously had been eligible for Medicaid.

On December 9, 2014, the Marketplace issued a notice confirming your enrollment in the MVP Premier Plus Platinum plan as of December 3, 2014. The notice further stated that if you paid your first month's premium of \$503.23, your coverage could start as early as January 1, 2015. If you did not pay your premium, you might not have health coverage.

On February 2, 2015, the Marketplace received a revised application in which you attested to an annual household income of \$0.00.

On February 3, 2015, the Marketplace issued an eligibility redetermination notice stating that you were now eligible for Medicaid, effective February 1, 2015. The notice also advised you to select a plan.

On that same date, the Marketplace issued a notice confirming your enrollment in Excellus Health Plan, Inc. for your Medicaid coverage. The notice stated that your insurance coverage through Medicaid would begin February 1, 2015 and enrollment with Excellus Health Plan, Inc. would begin March 1, 2015.

Also on February 3, 2015, the Marketplace issued a disenrollment notice confirming receipt of your February 2, 2015 request to end coverage under the MVP Premier Plus Platinum plan. Your request had been processed and your coverage under the MVP Premier Plus Platinum plan was terminated effective February 28, 2015.

On August 18, 2015, you contacted the Marketplace's Account Review Unit and appealed the February 3, 2015 enrollment confirmation notice insofar as it terminated your coverage under your MVP Premier Plus Platinum plan on February 28, 2015, and not on January 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) You testified that you enrolled for coverage in a qualified health plan through the Marketplace, at full cost, based on the assurances of your employer that you would be receiving a benefit allowance package to cover the cost of enrollment.
- 2) The record reflects that you enrolled in MVP Premier Plus Platinum plan for coverage beginning January 1, 2015. On December 3, 2014, you submitted an application in which you did not request financial assistance, and you were subsequently enrolled in the MVP Premier Plus Platinum at full cost.
- 3) You testified that you paid premiums of \$503.24 to the insurance carrier for the months of January 2015 and February 2015. These payments were made electronically through your checking account.
- 4) You testified that your employer rescinded the offer of a benefit allowance package, and you could not continue to afford to pay for your insurance coverage at full cost.

- 5) The record reflects that you revised your application on February 2, 2015 and attested to an income of \$0.00.
- 6) Based on your February 2, 2015 application, the Marketplace found you eligible for Medicaid effective February 1, 2015.
- 7) You testified that you called the Marketplace on February 2, 2015 or February 3, 2015 to cancel your insurance coverage under the MVP Premier Plus Platinum since you had been found eligible for Medicaid.
- 8) You testified that you were seeking to backdate the termination date of your coverage under the MVP Premier Plus Platinum plan to January 31, 2015 because your insurance under the MVP plan and Medicaid would unnecessarily overlap during the month of February 2015.
- 9) You testified that you were also seeking a reimbursement of the \$503.24 you paid for coverage during February 2015.

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

Applicable Law and Regulations

Qualified Health Plan (QHP) Termination

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 first issue under review is whether the Marketplace properly determined that the coverage provided by the MVP Premier Plus Platinum plan ended on February 28, 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 to insurance carrier for your 2015 health insurance coverage during the months of January 2015 and February 2015. The record reflects that you did not request to terminate your health insurance coverage through the Marketplace until February 2, 2015, as a result of your having been found eligible for Medicaid on that same date. Therefore, the Marketplace properly terminated your insurance coverage with the MVP Premier Plus Platinum plan effective February 28, 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 January 31, 2015. MVP Premier Plus Platinum would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier than 14 days. However, you testified that the insurance carrier already declined to backdate you plan termination date to January 31, 2015

Therefore, the Marketplace's February 3, 2015 disenrollment notice is **AFFIRMED**.

The second issue under review is whether you are entitled to reimbursement for the health insurance premium you paid during February 2015.

Federal regulation that governs the transition of a newly eligible person from a QHP to Medicaid does not provide any authority for full or partial reimbursement of premiums for any period during which coverage under the two systems may have overlapped.

Therefore, you are not eligible to be reimbursed for premium amount you paid for coverage during February 2015.

Decision

The Marketplace's February 3, 2015 disenrollment notice is **AFFIRMED**.

You are not eligible to be reimbursed for premium amount you paid for coverage during February 2015.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

Your coverage through MVP Premier Plus Platinum ended effective February 28, 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

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).

- 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 February 3, 2015 disenrollment notice is AFFIRMED.

You are not eligible to be reimbursed for premium amount you paid for coverage during February 2015.

Your coverage through MVP Premier Plus Platinum ended effective February 28, 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:

