



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

Notice of Decision

Decision Date: January 14, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004915

[REDACTED]

Dear [REDACTED],

On January 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 14, 2015 disenrollment notices.

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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Issues

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

Did the Marketplace properly determine on October 13, 2015, that you and your spouse were disenrolled from a bronze-level qualified health plan with advance premium tax credits, effective October 31, 2015?

Did the Marketplace properly determine on October 13, 2015, that your child was disenrolled from a Child Health Plus plan, effective October 31, 2015?

Procedural History

On October 13, 2015, the Marketplace processed your requests to disenroll you and your spouse from your Oscar bronze-level qualified health plan (QHP) and your child from a Child Health Plus (CHP) plan, effective October 31, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the disenrollment date from both plans insofar as you wanted your plan coverages cancelled effective September 30, 2015.

On October 14, 2015, the Marketplace issued two disenrollment notices stating respectively that your request to disenroll you and your spouse from your Oscar-bronze-level QHP and your child from her CHP plan with Healthfirst PHSP, Inc. had been processed and coverage under these plans would end October 31, 2015.

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On January 8, 2016, 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

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

- 1) You and your spouse were enrolled in Oscar Simple 6600 Bronze plan, effective August 1, 2015, and your child was enrolled in a CHP plan with Healthfirst PHSP, Inc., effective September 1, 2015.
- 2) According to your Marketplace account and your testimony, you contacted the Marketplace on October 13, 2015 to request that your insurance coverage under these two plans be cancelled because you and your family had become covered under an employer-sponsored insurance (ESI) health plan as of October 1, 2015.
- 3) You testified that you called the Marketplace on October 13, 2015, after you had confirmed that the ESI health coverage had taken effect.
- 4) You testified that you paid the October 2015 premiums to the Oscar plan and your child's CHP plan, but you want to be reimbursed because your family had ESI health coverage that month and you do not feel you should not have to pay for duplicate coverage.
- 5) You testified that you contacted the Oscar plan and were told you had to appeal the cancellation effective date through the Marketplace.
- 6) You testified that you and your spouse did not use your Oscar Simple 6600 Bronze plan during October 2015, and you believe your child's medical appointment that month was covered by your ESI health plan.

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 may initiate termination of an enrollee's coverage in a QHP and must permit a QHP issuer to terminate such coverage: (1) When the enrollee is no longer eligible for coverage in a qualified health plan through the Marketplace; or (2) The enrollee's coverage is cancelled due to non-payment of premiums (45 CFR § 155.430(b)(2)(i)and(ii)).

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

For enrollee-initiated terminations, the last day of coverage is either:

- The termination date specified by the enrollee, if they provide notice at least 14 days before the requested termination becomes effective;
- Fourteen days after the enrollee requests the termination, if they do not provide 14 days' notice; or
- On a date on or after the date the enrollee requests the termination, subject to the determination of the enrollee's QHP issuer, if the enrollee's QHP issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests and earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

According to the record, you and your spouse had health insurance coverage through Oscar Simple 6600 Bronze and shared in monthly APTC and your child had health insurance coverage under a CHP plan with Healthfirst PHSP, Inc.

An enrollee must be allowed to terminate their coverage with a QHP if they provide appropriate notice to the Marketplace or to their health plan. You would have been required to provide notice on or before September 17, 2015 to have a disenrollment date of October 1, 2015. The record reflects that you did not request to terminate your health insurance coverages through the Marketplace or provide reasonable notice to effectuate terminations of your bronze-level QHP and your child's CHP plan until October 13, 2015.

Therefore, the Marketplace properly terminated your and your spouse's insurance coverage with Oscar Simple 6600 Bronze, effective October 31, 2015, and your child's CHP plan with Healthfirst PHSP, Inc., effective October 31, 2015, such that the October 14, 2015 disenrollment notices are AFFIRMED.

You may request that the plans agree to effectuate an earlier termination date than October 31, 2015 at their discretion based upon this decision. However, the insurers would have to agree to provide you with earlier termination dates.

Decision

The Marketplace's October 14, 2015 disenrollment notices are AFFIRMED.

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Effective Date of this Decision: January 14, 2016

How this Decision Affects Your Eligibility

The disenrollment date for you and your spouse from your Oscar Simple 6600 Bronze plan is October 31, 2015.

The disenrollment date for your child from her CHP Plan with Healthfirst PHSP, Inc. is October 31, 2015.

You may request that Oscar Simple 6600 Bronze and Healthfirst PHSP, Inc. agree to effectuate earlier termination dates at their discretion based upon this decision.

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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NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The Marketplace's October 14, 2015 disenrollment notices are AFFIRMED.

The disenrollment date for you and your spouse from your Oscar Simple 6600 Bronze plan is October 31, 2015.

The disenrollment date for your child from her CHP Plan with Healthfirst PHSP, Inc. is October 31, 2015.

You may request that Oscar Simple 6600 Bronze and Healthfirst PHSP, Inc. agree to effectuate earlier termination dates at their discretion based upon this decision.

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:

