



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

## Notice of Decision

Decision Date: February 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005431

[REDACTED]

Dear [REDACTED],

On February 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 13, 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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## Decision

Decision Date: February 22, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005431



## 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 effective September 30, 2015?

## Procedural History

On June 14, 2015, an eligibility determination notice was issued stating that you were eligible to enroll in a qualified health plan; eligible to receive up to \$240.00 per month in advance premium tax credits; and, if you enrolled in a silver-level health plan, eligible to receive cost-sharing reductions.

Also on June 14, 2015, the Marketplace issued a notice confirming your enrollment in a gold level qualified health plan. The notice further stated that if you paid your first month's premium, your coverage could start as early as June 1, 2015.

On September 12, 2015, a disenrollment notice was issued that stated you had requested to end your insurance coverage. The notice stated that you would no longer have coverage with your qualified health plan effective September 30, 2015.

On December 5, 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 September 30, 2015 and not on August 31, 2015.

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On February 12, 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 support the following findings of fact:

- 1) You testified that you enrolled in a qualified health plan through the Marketplace and that your coverage was effective as of June 1, 2015.
- 2) You testified that you paid premiums to your health plan for the months of June, July, and August 2015.
- 3) You testified that you did not pay premiums to your health plan for the month of June 2015.
- 4) You testified that you requested to terminate your coverage through your qualified health plan on September 1, 2015.
- 5) You testified that you terminated your coverage because you became eligible for employer sponsored insurance coverage as of September 1, 2015.

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 September 30, 2015.

You testified that on September 1, 2015 you contacted the Marketplace and requested that your enrollment in your qualified health be terminated because you were eligible for enrollment in your employer's health insurance coverage as of September 1, 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 reasonable notice. Notice is considered reasonable if it is received within at least 14 days before the requested termination date.

Since you did not request to terminate your health insurance coverage through the Marketplace until September 1, 2015, the Marketplace properly terminated your insurance coverage with your qualified health plan effective September 30, 2015, which is the last day of the month following your request.

Therefore, Marketplace's September 13, 2015 disenrollment notice is **AFFIRMED**.

## **Decision**

The Marketplace's September 13, 2015 disenrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** February 22, 2016

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

Your coverage through your qualified health plan ended effective September 30, 2015.

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## **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 September 13, 2015 disenrollment notice is **AFFIRMED**.

Your coverage through your qualified health plan ended effective September 30, 2015.

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## **Legal Authority**

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

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**A Copy of this Decision Has Been Provided To:**



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