



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

Notice of Decision

Decision Date: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005616

[REDACTED]

Dear [REDACTED],

On April 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 9, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005616

[REDACTED]

Issue

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

Did the Marketplace properly determine that your health insurance coverage through the New York State of Health (NYSOH) should terminate effective June 30, 2015?

Procedural History

On December 17, 2014 the NYSOH issued an eligibility determination notice that you are eligible to purchase a qualified health plan at full cost through NYSOH effective as of January 1, 2015.

Also on December 17, 2014, the NYSOH issued an enrollment notice confirming that as of December 15, 2014 you were enrolled in UnitedHealthcare Compass Silver ST INN Pediatric Dental Dep25 (UnitedHealthcare) and coverage could start as early as January 1, 2015.

On June 9, 2015 the NYSOH issued a disenrollment notice that you requested to end your insurance coverage with UnitedHealthcare on June 8, 2015. The notice stated that you will no longer have coverage with UnitedHealthcare effective June 30, 2015.

On December 19, 2015, the Marketplace issued a notice confirming that on December 18, 2015 you requested a telephone hearing insofar as the "Denial of retroactive termination."

On April 14, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Your testimony was taken during the hearing, and

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you faxed three-pages of documents to the NYSOH Appeals Unit. That fax has been marked as “Appellant Exhibit A” and has been made part of the record. The record was closed at the end of the proceeding.

Findings of Fact

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

- 1) According to your NYSOH account, you enrolled in a health plan through the NYSOH on December 15, 2014.
- 2) According to the December 17, 2014 NYSOH notice (Document [REDACTED] and your testimony, you were enrolled in United Healthcare Compass Silver ST INN Pediatric Dental Dep 25 and coverage began January 1, 2015.
- 3) You testified that you enrolled in health insurance coverage through NYSOH because you were informed by a UnitedHealthcare representative that you were no longer eligible to remain as a dependent on your mother’s health insurance, through UnitedHealthcare.
- 4) You testified that you found out in June 2015 that you were still eligible and enrolled in your mother’s UnitedHealthcare health insurance.
- 5) According to your NYSOH account, on June 8, 2015, you contacted NYSOH and terminated your health coverage with UnitedHealthcare.
- 6) You testified you paid health insurance premiums for your NYSOH health coverage from January 2015 through June 2015.
- 7) You testified that you want to be retroactively disenrolled from the UnitedHealthcare coverage, through NYSOH, effective January 1, 2015 because it duplicated the health insurance you were already enrolled in.
- 8) You testified that you are seeking to be reimbursed for health insurance premiums from January 2015 through June 2015.
- 9) On December 17, 2015, a representative from United Healthcare Benefit Services sent you an email stating:

Since you are covered as a dependent with Oxford (a United Healthcare group) and that coverage is current and does not expire until 12/31/2015, you should not have been enrolled in the NY Marketplace exchange 1/1/15 to 6/30/15

(Appellant Exhibit A p. 2).

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

Applicable Law and Regulations

QHP Termination Effective date:

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 with appropriate notice to the Marketplace or qualified health plan (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 qualified health plan issuer, if the enrollee's qualified health plan issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests an earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue under review is whether the NYSOH properly terminated your insurance coverage through the NYSOH Individual Marketplace on June 30, 2015.

You enrolled in a qualified health plan, through the NYSOH, on December 15, 2014. The record reflects that NYSOH issued an enrollment notice confirming that you were enrolled and your coverage was effective January 1, 2015.

You testified that you enrolled in health insurance coverage through NYSOH because you were misinformed by a UnitedHealthcare representative regarding your eligibility to remain enrolled in your mother's UnitedHealthcare insurance plan. Furthermore, you learned in June 2015 that you were still enrolled in your

mother's UnitedHealthcare plan and promptly contacted NYSOH to terminate your coverage.

An enrollee 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. Reasonable notice is at least fourteen days before the requested effective date of termination.

The record reflects that you did not request to terminate your UnitedHealthcare coverage through the NYSOH until June 8, 2015. Therefore, the NYSOH properly terminated your insurance coverage with UnitedHealthcare coverage effective June 30, 2015.

The June 9, 2015 disenrollment notice is AFFIRMED.

However, an earlier termination date may be granted if the enrollee requests an earlier termination date, and the health plan issuer agrees to effectuate the termination of the qualified health plan at the earlier date.

You may contact the qualified health plan directly to inquire if they are willing to effectuate your termination at an earlier date.

Decision

The Marketplace's June 9, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

Your NYSOH coverage with UnitedHealthcare terminated effective June 30, 2015.

You may contact UnitedHealthcare to inquire if they are willing to effectuate your termination at an earlier date.

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

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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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- By fax: 1-855-900-5557

Summary

The Marketplace's June 9, 2015 disenrollment notice is AFFIRMED.

Your NYSOH coverage with UnitedHealthcare terminated effective June 30, 2015.

You may contact UnitedHealthcare to inquire if they are willing to effectuate your termination at an earlier date.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

