



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: AP000000006128



Dear [REDACTED],

On April 7, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006128



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) Individual Marketplace was properly terminated effective July 31, 2015?

Procedural History

On December 10, 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.

On January 15, 2015, the NYSOH issued an enrollment notice confirming that as of January 10, 2015 you were enrolled in Healthfirst Silver Leaf Premier NS INN Family Dental Dep25 Family Vision (Healthfirst) and coverage could start as early as February 1, 2015.

On March 28, 2015, the NYSOH issued a notice regarding the open enrollment for your employer, [REDACTED] through the Small Business Marketplace (SBM). The notice states that your employer-sponsored insurance was effective May 1, 2015 through April 30, 2016.

On July 3, 2015 the NYSOH issued a disenrollment notice that you requested to end your insurance coverage with Healthfirst on July 2, 2015. The notice stated that you will no longer have coverage with Healthfirst effective July 31, 2015.

On January 12, 2016 the Marketplace issued a notice confirming that on January 11, 2016 you requested a telephone hearing insofar as the “[l]ength of time it is taking to approve retroactive cancellation.”

On April 7, 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) According to your NYSOH account, you enrolled in a health plan through the NYSOH Individual Marketplace on January 14, 2015.
- 2) According to the January 15, 2015 NYSOH notice (Document [REDACTED] you were enrolled in Healthfirst Silver Leaf Premier NS INN Family Dental Dep25 Family Vision (Healthfirst) and coverage began February 1, 2015.
- 3) According to the March 28, 2015 NYSOH notice (Document [REDACTED] you were offered employer-sponsored coverage through the NYSOH SBM by your employer.
- 4) You testified that you enrolled in an Emblem Health plan through your employer with a coverage effective date of May 1, 2015.
- 5) You testified that you should have been automatically disenrolled from your Healthfirst coverage when you enrolled in your employer-sponsored insurance.
- 6) You testified that the cost of health insurance premiums, for the months of May and June 2015, were automatically withdrawn from your bank account.
- 7) You testified that you want to be retroactively disenrolled from your Healthfirst coverage effective April 30, 2015.
- 8) You testified that you are seeking to be reimbursed for health insurance premiums that were withdrawn from your bank account.
- 9) According to your NYSOH account, on July 2, 2015 you contacted NYSOH and terminated your coverage with Healthfirst.

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

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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 July 31, 2015.

You enrolled in a qualified health plan, through the NYSOH Individual Marketplace, on January 14, 2015. On the following day, the NYSOH issued an enrollment notice confirming that you were enrolled and your coverage was effective February 1, 2015.

The record reflects that you were offered employer-sponsored coverage through the NYSOH SBM by your employer. Furthermore, you enrolled in an Emblem Health Plan, through the SBM, effective May 1, 2015.

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.

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The record reflects that you did not request to terminate your Healthfirst coverage through the NYSOH Individual Marketplace until July 2, 2015. Therefore, the NYSOH properly terminated your insurance coverage with Healthfirst effective July 31, 2015.

The July 3, 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 July 3, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

Your coverage with Healthfirst terminated effective July 31, 2015.

You may contact Healthfirst 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 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))

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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 July 3, 2015 disenrollment notice is AFFIRMED.

Your coverage with Healthfirst Insurance terminated effective July 31, 2015.

You may contact Healthfirst 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).

A Copy of this Decision Has Been Provided To:

