



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

Notice of Decision

Decision Date: May 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005157

[REDACTED]

Dear [REDACTED],

On March 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 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

- 1) 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005157

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Issue

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

Did NY State of Health properly determine that your enrollment and your spouse's enrollment in your qualified health plan ended on November 30, 2015?

Procedural History

On July 2, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible, and your spouse was conditionally eligible, to enroll in a qualified health plan (QHP), and eligible to receive up to \$197.00 per month in advance premium tax credits (APTC). This eligibility was effective August 1, 2015.

Also on July 2, 2015, NYSOH issued a notice confirming your enrollment and your spouse's enrollment in a bronze level qualified health plan. The notice further stated that your enrollment was effective August 1, 2015, and that your APTC would be applied to your monthly premium effective August 1, 2015.

On November 13, 2015, a disenrollment notice was issued that stated you had requested to end your insurance coverage and your spouse's insurance coverage with your QHP on November 12, 2015. The notice further stated that you and your spouse would no longer have coverage with your QHP effective November 30, 2015.

On November 12, 2015, you spoke to NYSOH's Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage, and your spouse's coverage, under your QHP on November 30, 2015 and not on August 31, 2015.

On March 2, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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 your husband began doing research into what health insurance coverage was available outside of NYSOH sometime around August of 2015.
- 2) You testified that contacted your QHP in August 2015 and informed them that you wanted to cancel your coverage and your spouse's coverage.
- 3) You testified that after you spoke to your QHP in August to cancel coverage, you continued to receive bills for the insurance premium.
- 4) You testified that when you contacted your QHP about the bills you were receiving, you were told that they would terminate your coverage if you did not pay the bills for the premium.
- 5) You testified that you did not pay any premiums to your QHP after August of 2015.
- 6) You testified that, at some point, you were told to contact NYSOH to cancel your QHP coverage.
- 7) The record indicates that you contacted NYSOH on November 12, 2015 and requested to cancel your coverage and your spouse's coverage.
- 8) You testified that you were not sure exactly when you contacted NYSOH to request cancellation of your QHP coverage, but that you believed it was in November or December of 2015.
- 9) You testified that you are no longer receiving any bills for premiums from your former QHP, and that the billing issue is "resolved."

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

Applicable Law and Regulations

NYSOH 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 NYSOH or QHP (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 QHP 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 NYSOH properly determined your enrollment, and your spouse's enrollment, in your QHP ended effective November 30, 2015.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to NYSOH or to their health plan.

You testified that you did not pay any insurance premiums for your QHP after August of 2015. You also testified that you contacted your QHP in August to request termination of your coverage and your spouse's coverage as of August 31, 2015. However, the record reflects that you did not contact NYSOH to make a request to terminate your health insurance coverage until November 12, 2015. Therefore, based on the timeframes outlined above, NYSOH properly terminated your insurance coverage, and your spouse's insurance coverage, with your QHP effective November 30, 2015, which is the last day of the month following your request.

With regard to your testimony that you contacted your QHP in August 2015 and requested termination of coverage at that point, NYSOH does not have access to information regarding any conversations you had with your QHP, and has no jurisdiction over the actions of a QHP.

NYSOH's November 13, 2015 disenrollment notice is AFFIRMED.

Decision

NYSOH's November 13, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: May 12, 2016

How this Decision Affects Your Eligibility

Your coverage through NYSOH ended effective November 30, 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

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Summary

NYSOH's November 13, 2015 disenrollment notice is AFFIRMED.

Your coverage through NYSOH ended effective November 30, 2015.

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:

