



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

## Notice of Decision

Decision Date: April 25, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005755

[REDACTED]

Dear [REDACTED],

On March 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 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.

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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005755



## Issue

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

Did t NY State of Health (NYSOH) properly determine that you and your spouse's enrollment in a qualified health plan ended on December 31, 2015?

## Procedural History

On October 14, 2015, an eligibility determination notice was issued stating that you and your spouse were eligible to enroll in a qualified health plan; eligible to receive up to \$342.00 per month in advance payments of the premium tax credit (APTC); and, if you enrolled in a silver-level health plan, eligible to receive cost-sharing reductions. This eligibility was effective November 1, 2015.

On October 15, 2015, NYSOH issued a notice confirming your and your spouse's enrollment in a qualified health plan as of November 1, 2015. The notice further stated that if you paid your first month's premium, your coverage could start as early as November 1, 2015. If you did not pay your premium, you might not have health coverage.

On December 5, 2015, a disenrollment notice was issued terminating your and your spouse's coverage under your qualified health plan effective December 31, 2015.

On December 24, 2015, you spoke to the NYSOH Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage under your qualified health plan on December 31, 2015 and not on November 30, 2015.

On March 25, 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 supports the following findings of fact:

- 1) You testified, and the record indicates, that you enrolled you and your spouse in a qualified health plan on October 14, 2015.
- 2) You testified that you paid premiums to your health plan for the months of November and December 2015.
- 3) You testified that you requested to terminate your coverage through your qualified health plan on November 20, 2015.
- 4) You testified that you terminated your coverage because you and your spouse were going to be receiving coverage outside of NYSOH with an employer.

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 qualified health plan, including when an enrollee obtains minimum essential coverage, with appropriate notice to NYSOH 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 NYSOH properly determined that the coverage provided by your and your spouse's qualified health plan ended on December 31, 2015.

You testified, and the record indicates, that you enrolled you and your spouse in a qualified health plan on October 14, 2015. Your qualified health plan went into effect as of November 1, 2015.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide reasonable notice to NYSOH or to their health plan. Notice is considered reasonable if it is received 14 days prior to the date a person is seeking termination.

You testified that on November 20, 2015 you requested your coverage through your health plan be terminated. Through this appeal you are seeking your and your spouse's qualified health plan to be terminated as of November 30, 2015, which is ten days after your termination request.

Since you did not provide reasonable notice of 14 days to NYSOH or your qualified health plan, your coverage cannot be terminated effective November 30, 2015.

Therefore, NYSOH's December 5, 2015 disenrollment notice is **AFFIRMED** because it properly terminated your and your spouse's coverage on December 31, 2015.

You may contact your qualified health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

## **Decision**

The NYSOH's December 5, 2015, disenrollment notice is **AFFIRMED**.

**Effective Date of this Decision:** April 25, 2016

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

Your and your spouse's coverage through your qualified health plan ended effective December 31, 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
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

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).

The NYSOH's December 5, 2015, disenrollment notice is AFFIRMED.

Your and your spouse's coverage through your qualified health plan ended effective December 31, 2015.

### **Legal Authority**

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

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

