



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

Notice of Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006377

[REDACTED]

Dear [REDACTED],

On May 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 2016 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 and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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).

This page intentionally left blank.



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

Decision

Decision Date: May 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006377

[REDACTED]

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 in a qualified health plan issued by Healthfirst ended on January 31, 2016?

Procedural History

On October 23, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible to enroll in a qualified health plan and receive up to \$55.17 per month in advance premium tax credits (APTC). This eligibility was effective January 1, 2016. The notice also advised you to select a plan.

On December 4, 2015, NYSOH issued a notice confirming your enrollment in a silver-level qualified health plan issued by Healthfirst as of November 28, 2015. The notice further stated that if you paid your first month's premium of \$367.24, after applying the maximum APTC of \$55.17, your coverage could start as early as January 1, 2016. If you did not pay your premium, you might not have health coverage.

On January 20, 2016, NYSOH issued a disenrollment notice, stating that you had requested to end your insurance coverage with Healthfirst on January 19, 2016. The notice further stated that you would no longer have coverage with Healthfirst effective January 31, 2016.

On January 21, 2016, you spoke to NYSOH's Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage under your qualified health plan with Healthfirst on January 31, 2016 and not on January 1, 2016, such that you would be entitled to a reimbursement of your premium payment for the month of January 2016.

On May 17, 2016, you had a telephone hearing with a Hearing Officer from the 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 reflects, that you enrolled in Healthfirst on November 28, 2015. Your coverage under this plan began as of January 1, 2016.
- 2) You testified that you paid a premium of \$367.24 to Healthfirst for the month of January 2016.
- 3) You testified, and the record reflects, that you requested to terminate your coverage through Healthfirst on January 19, 2016.
- 4) You testified that you terminated your coverage because none of your doctors accepted Healthfirst, and were otherwise unsatisfied with the coverage. You further testified that a NYSOH representative stated that you missed a chance to retroactively backdate the termination of your plan to January 1, 2016 by a couple of days, and that you would need to appeal in order to request a reimbursement of your plan premium for the month of January 2016.
- 5) You testified that you were seeking a reimbursement of the \$367.24 premium you paid to Healthfirst for the month of January 2016.

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)).

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).

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 Healthfirst ended on January 31, 2016.

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 paid the \$367.24 premium to Healthfirst for your January 2016 health insurance coverage. However, the record reflects that you did not request to terminate your health insurance coverage through NYSOH until January 19, 2016. Therefore, NYSOH properly refused to date the termination of your insurance coverage with Healthfirst to January 1, 2016.

NYSOH's January 20, 2016 disenrollment notice is **AFFIRMED**.

Decision

NYSOH's January 20, 2016 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 20, 2016

How this Decision Affects Your Eligibility

Your coverage through Healthfirst ended effective January 31, 2016.

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).

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 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 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

NYSOH's January 20, 2016 disenrollment notice is AFFIRMED.

Your coverage through Healthfirst ended effective January 31, 2016.

Legal Authority

We are sending you this notice in accordance with 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).

A Copy of this Decision Has Been Provided To:

