



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

Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006403

[REDACTED]

Dear [REDACTED],

On May 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006403

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Issue

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

Did the NYSOH properly determine that you and your spouse's enrollment in a qualified health plan ended on January 31, 2016?

Procedural History

On October 23, 2015, a renewal notice was issued, stating that a decision could not be made as to whether you and your spouse would qualify for financial assistance. You were asked to update the information in your account by December 15, 2015, so a decision could be made. The notice further explained that if you missed this deadline, the financial assistance you were currently receiving might end.

Your account was not updated by December 15, 2015.

On December 21, 2015, an eligibility determination notice was issued finding you and your spouse newly eligible to purchase a qualified health plan at full cost effective January 1, 2016. The notice stated this was because you had not responded to the renewal notice.

On December 23, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Silver level qualified health plan with a premium responsibility of \$844.84 per month, and a start date of January 1, 2016.

On January 13, 2016, your account was updated.

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On January 14, 2016, a disenrollment notice was issued stating that your insurance under your qualified health plan would end effective January 31, 2016.

On January 22, 2016, you spoke to the NYSOH Account Review Unit and appealed the January 14, 2016 disenrollment notice insofar as it terminated your coverage under your qualified health plan on January 31, 2016 and not on January 1, 2016.

On May 23, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide income verification documentation for you and your spouse. No documentation was received by the end of the 15 day period or June 7, 2016, and will not be considered for purposes of this appeal.

The record was then closed.

Findings of Fact

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

- 1) The record reflects you and your spouse enrolled in a silver level health plan effective April 1, 2015.
- 2) The record reflects the first time you requested disenrollment from your qualified health plan was January 13, 2016.
- 3) You testified that you did not respond or reapply for insurance for 2016.
- 4) You testified that the full premium amount for coverage for you and your spouse was auto-debited from your bank account by your qualified health plan for January 2016 coverage.
- 5) You are seeking a disenrollment date of January 1, 2016 for you and your spouse.

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

Applicable Law and Regulations

Termination of a Qualified Health Plan

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The NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan coverage, with appropriate notice to the NYSOH or qualified health plan (45 CFR § 155.430(b)(1)(i)).

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)).

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

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 January 31, 2016 and not December 31, 2015.

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NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If a qualified individual does not respond to the renewal notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice.

On October 23, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you would qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015 or the financial help you were receiving might end.

As a result of not responding to the October 23, 2015 renewal notice NYSOH reenrolled you and your spouse into your qualified health plan without financial assistance.

You testified that you and your spouse do not want to be enrolled into a qualified health plan for the month of January 2016.

Enrollees must be allowed to terminate their coverage with a qualified health plan at the date they specify if they provide reasonable notice to the NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

The record reflects that you did not request to terminate you and your spouse's health insurance coverage through NYSOH until January 13, 2016. Therefore, NYSOH properly terminated your insurance coverage with your Silver level health plan effective January 31, 2016, which is the last day of the month following your request.

Therefore, NYSOH's January 14, 2016, disenrollment notice is **AFFIRMED**.

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

Decision

NYSOH's January 14, 2016 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: June 16, 2016

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How this Decision Affects Your Eligibility

You and your spouse's coverage through your Silver level health plan ended effective January 31, 2016.

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
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Albany, NY 12211
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Summary

NYSOH's January 14, 2016, disenrollment notice is AFFIRMED.

You and your spouse's coverage through your Silver level health plan ended effective January 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

