



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

## Notice of Decision

Decision Date: June 10, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006611

[REDACTED]

Dear [REDACTED],

On June 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace'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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 10, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006611

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine that your enrollment in qualified health plan was terminated effective February 29, 2016?

## Procedural History

On September 18, 2015, an eligibility determination notice was issued stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive up to \$314.00 per month in advance premium tax credits (APTC); and, if you enrolled in a silver-level health plan, eligible to receive cost-sharing reductions (CSR). This eligibility determination was effective November 1, 2015.

Also on September 18, 2015, NYSOH issued a notice of enrollment confirming that your selection of Oscar as your QHP as of September 17, 2015. The notice confirm that your coverage would begin as of October 1, 2015 at a premium rate of \$83.73 after applying the maximum APTC of \$314.00.

On October 25, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2015.

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On December 21, 2015, NYSOH issued an eligibility redetermination notice stating that you were newly eligible to purchase a QHP at full cost. This was determined because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. This eligibility determination was effective January 1, 2016.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your QHP coverage with Oscar would end effective December 31, 2015 since you were no longer eligible to remain in your current health insurance.

Also on December 24, 2015, NYSOH issued a notice of enrollment confirming your enrollment in a separate Oscar QHP as of December 21, 2015. The notice stated that your coverage could begin as early as January 1, 2016, provided you paid your first month's premium of \$430.65.

On January 19, 2016, NYSOH received a revised application.

On January 20, 2016, NYSOH issued an eligibility redetermination notice based on the information contained in the January 19, 2016 application. The notice stated that you were eligible for Medicaid, effective January 1, 2016.

On January 20, 2016, NYSOH issued a disenrollment notice stating you had requested to end your insurance coverage with Oscar on January 19, 2016. The notice further stated that you would no longer have coverage with Oscar effective February 29, 2016.

On January 28, 2016, you spoke to the NYSOH's Account Review Unit and appealed the enrollment confirmation notice insofar as it terminated your coverage under your QHP on February 29, 2016 and not on January 1, 2016.

On June 8, 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) The application you submitted on September 17, 2015 reflected that you did not want an automatic renewal of coverage. You were found eligible to enroll in a QHP and received up to \$314.00 per month of APTC.
- 2) You were enrolled in an Oscar QHP with such coverage beginning October 1, 2015.

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- 3) On October 25, 2015, NYSOH issued a notice requesting that you update your account by December 15, 2015.
- 4) Your NYSOH account indicates that you elected to receive notices from NYSOH by regular mail.
- 5) You testified that you did not receive any notices from NYSOH telling you that you needed to update the information in your NYSOH account to ensure that your coverage would not be interrupted and that your financial assistance would continue.
- 6) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 7) You were found eligible to enroll in a QHP at full cost, effective January 1, 2016.
- 8) You were reenrolled in a separate Oscar QHP, with such coverage to begin January 1, 2016.
- 9) You testified that you first realized that you had been reenrolled in a QHP at full cost when \$430.65 was automatically deducted from your checking account by Oscar. You further testified that this was the payment method you had used when you were enrolled with Oscar in 2015.
- 10) You revised your application on January 19, 2016. At that time, you were found eligible for Medicaid, effective January 1, 2016.
- 11) You testified that you terminated your QHP coverage with Oscar on January 19, 2016 because you had been found eligible for Medicaid.
- 12) NYSOH determined that your coverage under Oscar would end effective February 29, 2016.
- 13) You testified that you paid a premium of \$430.65 for the month of January 2016, which was the amount that was automatically withdrawn from your checking account.
- 14) You testified that you did not use your insurance coverage for the month of February 2016, and you were instructed by Oscar and NYSOH representative not to pay it.
- 15) You testified that you were seeking a return of your \$430.65 premium amount since you never authorized NYSOH to reenroll you in your QHP for 2016.

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

## **Applicable Law and Regulations**

### 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.

### QHP Termination

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 (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 sole issue under review is whether NYSOH properly determined that your enrollment in your Oscar QHP was terminated on February 29, 2016.

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 an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 25, 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.

Because there was no timely response to this notice, your eligibility for financial assistance was terminated effective January 1, 2016; however, you were reenrolled in a separate Oscar plan with such coverage to take effect on January 1, 2016.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You further testified, and the record reflects, that you instructed the NYSOH through your application, submitted on September 17, 2015, that you did not want to have your coverage automatically renewed at the end of the plan year.

In spite of this instruction, after having been found eligible for a QHP at full cost, NYSOH proceeded to reenroll you in an Oscar plan, at a premium rate of \$430.65 per month.

You credibly testified that this premium amount was automatically withdrawn by Oscar from your checking account. It was at that point, on January 19, 2016, that you submitted a revised application and were found eligible for Medicaid, effective January 1, 2016.

Since the credible evidence of record reflects that NYSOH improperly reenrolled you in a QHP as of January 1, 2016, the disenrollment notice issued on January 20, 2016 is MODIFIED to say you had no coverage with Oscar effective January 1, 2016.

Furthermore, your case is RETURNED to NYSOH to facilitate a return of the premium amount remitted to Oscar for coverage during the month of January 2016.

## **Decision**

The January 20, 2016 disenrollment notice is MODIFIED to say you had no coverage with Oscar effective January 1, 2016.

Furthermore, your case is RETURNED to NYSOH to facilitate a return of the premium amount remitted to Oscar for coverage during the month of January 2016.

**Effective Date of this Decision:** June 10, 2016

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

Your QHP coverage through Oscar is terminated effective January 1, 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 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

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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**

The January 20, 2016 disenrollment notice is MODIFIED to say you had no coverage with Oscar effective January 1, 2016.

Furthermore, your case is RETURNED to NYSOH to facilitate a return of the premium amount remitted to Oscar for coverage during the month of January 2016.

Your QHP coverage through Oscar is terminated effective January 1, 2016.

### **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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

