



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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006687

[REDACTED]

Dear [REDACTED],

On June 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 23, 2015 enrollment confirmation 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).

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Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006687

[REDACTED]

Issue

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

Did NY State of Health properly enroll you in a full cost qualified health plan, effective January 1, 2016?

Procedural History

On October 25, 2015, NY State of Health (NYSOH) issued a renewal notice, stating that there was not enough information from state and federal data sources to determine if you were eligible for help with paying for your health insurance for 2016. The notice directed you to update your account by December 15, 2015, or the financial assistance you were currently receiving might end.

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

On December 21, 2015, NYSOH issued a redetermination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2016. The notice also stated that you were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits because you did not respond to the renewal notice within the required timeframe.

On December 23, 2015, NYSOH issued an enrollment confirmation notice, confirming your enrollment in a full cost QHP, with a monthly premium of \$408.04, effective January 1, 2016.

On December 29, 2015, you updated your NYSOH account.

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On December 30, 2015, NYSOH issued an eligibility determination stating that you were newly eligible to receive up to \$198.00 in advance payments of the premium tax credit (APTC) and eligible for cost-sharing reductions (CSR), effective February 1, 2016.

On January 15, 2016, you updated your NYSOH account again.

On February 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the December 23, 2015 enrollment confirmation notice, insofar as you were enrolled into a full cost QHP, effective January 1, 2016.

On February 18, 2016, NYSOH issued a cancellation notice, stating that your coverage in your QHP was cancelled effective January 1, 2016 because a premium payment was not received by your QHP.

On June 13, 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 that you received the October 25, 2015 renewal notice, but that you did not contact NYSOH to update your account until December 28, 2015.
- 2) You testified that the NYSOH representative you spoke with on December 28, 2015 did not tell you that you could cancel your coverage effective January 1, 2016 so that you would not have to pay the full cost premium for your QHP.
- 3) You testified that you paid premiums for February and March 2016, after you were approved for APTC, but that you were also billed by your QHP for the full January premium.
- 4) You testified that you tried to use your insurance coverage and found out that you had been cancelled.
- 5) You testified that your QHP refunded your February and March 2016 premiums, and has not billed you for the January premium since your coverage was cancelled.

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 enrolled you in a full cost QHP, effective January 1, 2016.

On October 25, 2015, NYSOH issued a renewal notice stating that based on federal and state data sources, a decision could not be made about whether or not you qualify for financial help paying for health coverage. Since you did not respond to this notice, you were reenrolled into your Fidelis QHP at full cost as of January 1, 2016.

You testified that you received a bill for the January 2016 full cost premium, but did not pay it, and that you do not want to pay for coverage for January 2016, as you did not need your coverage in that month and cannot afford the full premium. You also testified that you were refunded your February and March 2016 premiums, and that Fidelis is no longer billing you for the January premium.

NYSOH issued a cancellation notice on February 18, 2016, informing you that your coverage in your QHP was cancelled, effective January 1, 2016, for non-payment of premiums.

Therefore, since the relief you were seeking through this appeal has already been effectuated by the February 18, 2016 cancellation notice, a full discussion of the merits of your case is not necessary to reach a conclusion as to whether you should have been enrolled into a full-cost QHP as of January 1, 2016.

Though the February 18, 2016 cancellation notice was issued after you filed your appeal and was therefore not the subject of this appeal, since it provides the relief you sought, it is hereby AFFIRMED.

Decision

NYSOH's February 18, 2016 cancellation notice is AFFIRMED.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

Your coverage through your Fidelis QHP was cancelled 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 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 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 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 February 18, 2016 cancellation notice is AFFIRMED.

Your coverage through your Fidelis QHP was cancelled effective January 1, 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:

