



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

Notice of Decision

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006705

[REDACTED]

Dear [REDACTED],

On June 10, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: June 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006705

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly disenroll you from your qualified health plan effective January 31, 2016?

Procedural History

On October 25, 2015, NYSOH issued a renewal notice stating that a decision could not be made as to whether you qualified 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 newly eligible to purchase a qualified health plan at full cost effective January 1, 2016. The notice stated you were eligible for financial assistance 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 \$394.73 per month, and a start date of January 1, 2016.

On January 6, 2016, your account was updated.

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On January 7, 2016, an eligibility determination notice was issued finding you eligible to receive advance premium tax credits up to \$135.00 per month effective February 1, 2016.

Also on January 7, 2016 an enrollment confirmation notice was issued confirming your enrollment in a Silver level health plan with application of advance premium tax credits starting February 1, 2016.

On January 14, 2016, an enrollment confirmation notice was issued confirming your enrollment in a Bronze level qualified health plan starting February 1, 2016.

Also on January 14, 2016 a disenrollment notice was issued stating your request to end your coverage with your Silver level health plan was processed, and would end effective January 31, 2016.

On February 1, 2016, you spoke to the NYSOH Account Review Unit and appealed the denial of a retroactive disenrollment from your Silver level health plan. You were requesting cancellation of your coverage as of January 1, 2016, and not January 31, 2016.

On June 10, 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 proceeding.

Findings of Fact

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

- 1) The record reflects you were automatically enrolled into a full cost Silver level qualified health plan effective January 1, 2016.
- 2) You testified that you receive your notices by regular mail.
- 3) You testified that your address has not changed since originally applying for financial assistance with your health insurance.
- 4) You testified that you did recall receiving a renewal notice stating there was not enough information in your account to make a determination.
- 5) You testified that you did not respond or reapply for insurance for 2016 until January 5, 2016.
- 6) You testified that the first time you requested cancellation from your qualified health plan was January 13, 2016.

7) You are seeking a disenrollment date of January 1, 2016.

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

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that the coverage provided by your silver level qualified health plan ended on January 31, 2016 and not January 1, 2016.

During your telephone hearing you testified the first time you requested disenrollment from your silver level qualified health plan was January 13, 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 NYSOH or to their health plan.

Reasonable notice is defined as at least 14 days prior to the requested termination date.

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The record reflects that you did not request to terminate your health insurance coverage through NYSOH until January 13, 2016. Therefore, the January 14, 2016 disenrollment notice is AFFIRMED because 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.

You may contact Affinity 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 23, 2016

How this Decision Affects Your Eligibility

Your 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.

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If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

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- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

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

Your 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:

