



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: AP000000006734

[REDACTED]

Dear [REDACTED],

On June 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 21, 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 (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).

This page intentionally left blank.



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

## Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006734

[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 your Healthfirst qualified health plan ended on February 29, 2016?

## Procedural History

On February 19, 2015, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to enroll in a qualified health plan; eligible to receive up to \$271.00 per month in advance payments of the premium tax credit (APTC); and, if you enrolled in a silver-level health plan, conditionally eligible to receive cost-sharing reductions. This eligibility was effective April 1, 2015.

Also on February 19, 2015, NYSOH issued a notice confirming your enrollment in a bronze level qualified health plan through Healthfirst as of April 1, 2015.

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 in 2016. You were asked to update your account before December 15, 2015.

On December 21, 2015, NYSOH issued an eligibility redetermination notice stating that you were newly eligible to purchase a qualified health plan at full cost, effective January 1, 2016. The notice stated that you were not eligible to receive APTC because you did not respond to the renewal notice in the required time frame.

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).

On December 24, 2015, NYSOH issued an enrollment confirmation notice stating that you were enrolled in your bronze level qualified health plan through Healthfirst at full cost, effective January 1, 2016.

On January 20, 2016, your NYSOH account was updated.

On January 21, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to enroll in a qualified health plan and receive up to \$213.00 per month in advance premium tax credits as well as receive cost-sharing reductions if you select a silver level health plan, effective March 1, 2016.

Also on January 21, 2016, NYSOH issued a disenrollment notice stating that your coverage through your full pay qualified health plan through Healthfirst would end effective February 29, 2016.

Finally on January 21, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a bronze level qualified health plan through MetroPlus, effective March 1, 2016.

On February 3, 2016, you spoke to the NYSOH Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage under your qualified health plan through Healthfirst on February 29, 2016 and not on January 1, 2016.

On June 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the Hearing Spanish Interpreters # [REDACTED] and # [REDACTED] assisted. 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 a bill from your Healthfirst qualified health plan for the month of January 2016 but that you did not pay the bill.
- 2) You testified that you do not want to be charged the full premium amount for the month of January and February by your qualified health plan. You are satisfied with not having any insurance coverage in January and February if it means you do not have to pay a premium.
- 3) The record indicates that you enrolled into a MetroPlus qualified health plan effective March 1, 2016 and as a result your enrollment in your qualified health plan was terminated.

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).

- 4) The enrollment history tab in your NYSOH application states that your enrollment in your Healthfirst qualified health plan was terminated effective January 1, 2016 by the NYSOH system.

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 determined that the coverage provided by your qualified health plan through Healthfirst ended on February 29, 2015.

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 Healthfirst qualified health plan at full cost as of January 1, 2016.

You testified that you received a bill from Healthfirst for your qualified health plan for the month of January 2016 but that you did not pay the bill and that you do

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).

not want to be charged the full premium amount for the month of January or February. You are satisfied with not having any insurance coverage in January and February if it means you do not have to pay a premium.

The enrollment history tab in your NYSOH application states that your enrollment in your Healthfirst qualified health plan was terminated effective January 1, 2016 by the NYSOH system.

Since the issue under appeal has been resolved by NYSOH in your favor, a full discussion of the merits of your case are not necessary to reach a conclusion of the end date of your qualified health plan.

Therefore, the January 21, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay Healthfirst qualified health plan ended effective January 1, 2016.

## **Decision**

The January 16, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay Healthfirst qualified health plan ended effective January 1, 2016.

**Effective Date of this Decision:** June 16, 2016

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

Your coverage through your Healthfirst qualified health plan ended effective January 1, 2016.

This decision has no effect on your eligibility for or enrollment in a Metroplus qualified health plan with advance premium tax credits effective March 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.

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).

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 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 16, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay Healthfirst qualified health plan ended effective January 1, 2016.

Your coverage through your Healthfirst qualified health plan ended effective January 1, 2016.

This decision has no effect on your eligibility for or enrollment in a Metroplus qualified health plan with advance premium tax credits effective March 1, 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:**

