



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: AP000000006736

[REDACTED]

Dear [REDACTED]

On June 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 3, 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(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 17, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006736

[REDACTED]

Issue

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

Did NY State of Health properly determine that your enrollment in a qualified health plan ended on February 29, 2016?

Procedural History

On December 22, 2015, NY State of Health (NYSOH) issued an eligibility redetermination notice stating that you were eligible to enroll in a qualified health plan at full cost, effective January 1, 2016.

Also on December 22, 2015, NYSOH issued a notice confirming your enrollment in Oscar Classic Silver as of January 1, 2016 with a monthly premium responsibility of \$430.65.

On February 3, 2016, a disenrollment notice was issued that stated you had requested to end your insurance coverage with Oscar Classic Silver on February 2, 2016. The notice further stated that you would no longer have coverage with that qualified health plan effective February 29, 2016.

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

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On June 16, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for you to submit a document. That same day, the Appeals Unit received a facsimile from you, which was made part of the record as "Appellant's Exhibit A." The record was then closed.

Findings of Fact

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

- 1) According to your NYSOH account, you were enrolled in Oscar Classic Silver as of January 1, 2016 and had a monthly premium of \$430.65.
- 2) You testified that you moved to California in January 2016, and transferred your health insurance coverage to a California-based Oscar plan through the health plan.
- 3) You testified that the New York-based Oscar Health Plan agreed to cancel your coverage, effective February 1, 2016, and refunded the premium of \$430.65 you had paid for coverage that month.
- 4) You submitted a February 6, 2016 email from Oscar Health as proof that your February 2016 premium was being refunded (Appellant's Exhibit A).
- 5) You testified that you did not realize you had to also notify NYSOH that you wanted your coverage to end as of February 1, 2016, and contacted them on February 2, 2016 when you found this out.
- 6) You want NYSOH to change the February 29, 2016 end date of your coverage to February 1, 2016, to mirror the Oscar Health's approved end date.

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:

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- 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 ended on February 29, 2016.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to NYSOH or to their health plan.

The record reflects that you paid the premium to your Oscar Classic Silver plan for February 2016 health insurance coverage, which Oscar Health Plan refunded after agreeing to cancel your New York-based health coverage as of February 1, 2016. However, you did not request to terminate your health insurance coverage through NYSOH until February 2, 2016. Therefore, NYSOH was required to cancel your insurance coverage with Oscar Classic Silver effective February 29, 2016, which is the last day of the month following your request.

Although you did not provide reasonable notice to NYSOH at least 14 days before you wanted your coverage to end on February 1, 2016, you did provide notice to Oscar Health Plan, which at its discretion, agreed to cancel your coverage, effective February 1, 2016.

Therefore, NYSOH's February 3, 2016 disenrollment notice is MODIFIED to state that your insurance coverage with Oscar Classic Silver terminated effective February 1, 2016.

Decision

NYSOH's February 3, 2016 disenrollment notice is MODIFIED to state that your insurance coverage with Oscar Classic Silver terminated effective February 1, 2016.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

Your coverage through Oscar Classic Silver ended effective February 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 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
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Summary

NYSOH's February 3, 2016 disenrollment notice is MODIFIED to state that your insurance coverage with Oscar Classic Silver terminated effective February 1, 2016.

Your coverage through Oscar Classic Silver ended effective February 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

