

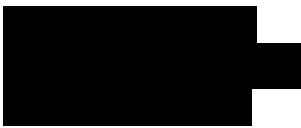


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: June 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006794



Dear [REDACTED],

On June 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health'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 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 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006794



## 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 October 24, 2015, NY State of Health (NYSOH) issued a renewal notice that stated you needed to update your NYSOH account by December 15, 2015 so that your eligibility for financial assistance in the upcoming year could be determined.

By December 15, 2015, our NYSOH account was not updated.

On December 21, 2015, 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.

On December 24, 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. The notice further stated that, "[i]f you have a monthly premium, you will receive an invoice from your health plan. You must pay the monthly premium to start and keep your coverage."

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On February 3, 2016, a disenrollment notice was issued that stated your insurance coverage with Oscar Classic Silver would end effective February 29, 2016.

Also 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 January 1, 2016.

On June 17, 2016, you had a telephone hearing with a Hearing Officer from 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 did not receive the October 24, 2015 renewal notice because you and all other tenants in your building had been abruptly evicted and you were without a home.
- 2) You testified that you were not aware that you had been automatically enrolled in a qualified health plan at full cost as of January 1, 2016.
- 3) You testified that you had set up an automatic withdrawal for premium payments in 2015 from your bank account when you were eligible for advance payments of the premium tax credit, which were applied on a monthly basis.
- 4) You testified that you did not authorize Oscar Health Plan to make automatic withdrawals from your bank account after 2015.
- 5) You testified that when the first amount of \$430.65 was withdrawn from your bank account by the Oscar Health Plan in January 2016, you just assumed it was a sign-up fee and did not take any action.
- 6) You testified that when the second amount of \$430.65 was withdrawn from your bank account by Oscar Health Plan in February 2016, you started making calls because you had not authorized any withdrawals in 2016 by Oscar Health Plan from your bank account, let alone in the amount of \$430.65 each month.
- 7) According to your NYSOH account, you contacted NYSOH on February 2, 2016, and requested that your coverage be cancelled.

- 8) You testified that, but for the withdrawals being made by Oscar Health Plan, you would not have initiated coverage as of January 1, 2016 by paying the monthly premium of \$430.65 because that amount was unreasonable.
- 9) You testified that Oscar Health Plan was very accommodating and said it would refund you the two months of premium, but that you had to go through NYSOH to get your coverage terminated back to its date of inception of January 1, 2016.
- 10) According to your NYSOH account, your coverage in the full pay Oscar Classic Silver health plan you were enrolled in for January 2016 and February 2016, was scheduled to end effective February 29, 2016.
- 11) According to your NYSOH account and your testimony, NYSOH denied your request to backdate the termination date of your coverage to January 1, 2016.
- 12) You want NYSOH to change the February 29, 2016 end date of your coverage to January 1, 2016, to mirror the Oscar Health's approved end date.
- 13) You testified that you do not think you had any medical expenses in January 2016 or February 2016 and fully understood that you will be responsible for those expenses if your coverage is cancelled effective January 1, 2016.

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

## **Applicable Law and Regulations**

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

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- 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 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.

Initially, however, for coverage to start, payment must be made. The record reflects that Oscar Health Plan automatically withdrew funds in the amount of \$430.65 from your bank account, which triggered the start date of January 1, 2016. However, you credibly testified that Oscar Health Plan's withdrawal of the funds from your bank account was without your authorization in January 2016 and again in February 2016. You also credibly testified that you would not have authorized payment nor made payment for coverage to start in your Oscar Classic Silver health plan as of January 1, 2016 because of the expense of the plan at full cost.

Further, you testified that you spoke with the Oscar Health Plan and they were accommodating and agreeable to refund your premiums for those months, totaling \$861.30.

Based on the foregoing, the February 3, 2016 disenrollment notice is MODIFIED to state your coverage in your Oscar Classic Silver health plan is cancelled as of the date of inception; that is, January 1, 2016.

## **Decision**

The February 3, 2016 disenrollment notice is MODIFIED to state your coverage in your Oscar Classic Silver health plan is cancelled as of the date of inception; that is, January 1, 2016.

You no longer have coverage with Oscar Classic Silver for the months of January 2016 and February 2016 and should not be charged a premium for those months.

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).

**Effective Date of this Decision:** June 24, 2016

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

Your coverage through Oscar Classic Silver, is cancelled as of January 1, 2016.

You did not have coverage in this health plan for the months of January 2016 and February 2016 and should not be charged a premium for those months.

If you incurred any medical expenses in January 2016 or February 2016, you will be solely responsible to pay for those medical expenses.

### **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
- By mail at:

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NY State of Health Appeals  
P.O. Box 11729  
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- By fax: 1-855-900-5557

## **Summary**

The February 3, 2016 disenrollment notice is MODIFIED to state your coverage in your Oscar Classic Silver health plan is cancelled as of the date of inception; that is, January 1, 2016.

You no longer have coverage with Oscar Classic Silver for the months of January 2016 and February 2016 and should not be charged a premium for those months.

Your coverage through Oscar Classic Silver, is cancelled as of January 1, 2016.

You did not have coverage in this health plan for the months of January 2016 and February 2016 and should not be charged a premium for those months.

If you incurred any medical expenses in January 2016 or February 2016, you will be solely responsible to pay for those medical expenses.

## **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:**

