



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

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006829

[REDACTED]

Dear [REDACTED]

On June 24, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 20, 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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Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006829

[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 Bronze level qualified health plan effective February 29, 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 for the 2016 coverage year. You were asked to update the information in your account by December 15, 2015, or the financial assistance you were currently receiving might end.

No changes were made to 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 for advance premium tax credits because you had not responded to the renewal notice within the require time frame.

On December 24, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Bronze level qualified health plan with a premium responsibility of \$368.71 per month, and a start date of January 1, 2016.

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On January 19, 2016, your account was updated and your application for financial assistance was received.

On January 20, 2016, NYSOH issued an eligibility determination notice stating that you were newly conditionally eligible to receive up to \$60.00 per month in advance premium tax credits, effective March 1, 2016. You were asked to provide proof of your immigration status by providing documentation before April 18, 2016.

Also on January 20, 2016, a disenrollment notice was issued ending your coverage with your Bronze level health plan effective February 29, 2016. This notice was based upon your request received on January 19, 2016.

On February 4, 2016, you contacted the NYSOH Account Review Unit and appealed your enrollment in a full cost Bronze level health plan effective January 1, 2016. You were seeking either the application of your advance premium tax credit for the months of January and February 2016, or to be disenrolled from the health plan retroactively for those months.

On June 24, 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 Bronze level qualified health plan effective January 1, 2016.
- 2) You testified that you receive your notices by e-mail.
- 3) You testified that your e-mail address has not changed since originally applying for financial assistance.
- 4) You testified that you did not respond or reapply for insurance for 2016 until January 19, 2016.
- 5) You testified that the first time you requested cancellation from your Bronze level qualified health plan was January 19, 2016.
- 6) You testified you did recall receiving a notice via electronic notification from NYSOH to go into your account, however you were unable to open the pdf document.

- 7) Your December 20, 2015 application shows you signed up for an automatic renewal for 1 year. You testified that you were not aware of this.
- 8) You testified that you paid your January and February 2016 premium responsibility.
- 9) You testified at your hearing that you are now seeking a retro-active disenrollment from your Bronze level health plan effective January 1, 2016 instead of the application of your eligibility for advance premium tax credits being applied to the months of January, and February 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 the NY State of Health (NYSOH) properly determined that the coverage provided by your Bronze level qualified health plan ended on February 29, 2016 and not January 1, 2016.

Your December 20, 2015 application shows you signed up for an automatic renewal for 1 year.

A renewal notice was issued on October 25, 2015, 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 about your eligibility. Since you did not respond to this notice prior to December 15, 2015, you were enrolled in a full pay Bronze level qualified health plan effective January 1, 2016.

You are now seeking a retro-active disenrollment from your Bronze level health plan effective January 1, 2016 instead of the application of your eligibility for advance premium tax credits being applied to the months of January, and February 2016.

During your telephone hearing you testified the first time you requested disenrollment from your qualified health plan was January 19, 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 the NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

The record reflects that you did not request to terminate your health insurance coverage through the NYSOH until January 19, 2016 for a January 1, 2016 termination date.

Since you did not provide reasonable notice to the NYSOH or your health plan, your coverage cannot be terminated effective January 1, 2016. Your health plan would have to agree to effectuate termination of your coverage if you wanted your coverage terminated earlier.

Therefore, the NYSOH's January 20, 2016, disenrollment notice is **AFFIRMED**.

You may contact your health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Decision

The NYSOH's January 20, 2016, disenrollment notice is **AFFIRMED**.

You may contact health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

Your coverage through your Bronze level health plan ended effective February 29, 2016.

You remain eligible for and enrolled in your Silver level qualified health plan 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 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.

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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- By fax: 1-855-900-5557

Summary

The NYSOH's January 20, 2016, disenrollment notice is AFFIRMED.

You may contact your health plan to see if they will agree to effectuate your disenrollment with an earlier date than you provided notice for.

Your coverage through your Bronze level health plan ended effective February 29, 2016.

You remain eligible for and enrolled in your Silver level qualified health plan effective March 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:

