



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

## Notice of Decision

Decision Date: July 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006901

[REDACTED]

Dear [REDACTED]

On June 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2015 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 45 Code of Federal Regulations (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

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006901



## Issue

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

Did the NY State of Health (NYSOH) properly determine that your enrollment in MVP Premier Silver plan was terminated effective January 31, 2015?

## Procedural History

On November 6, 2014, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by December 15, 2014.

On December 22, 2014, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2015.

On December 23, 2014, NYSOH issued a notice of enrollment confirm your reenrollment in MVP Premier Silver (MVP) as your QHP with a monthly premium responsibility of \$509.93. The notice also stated that your "[h]ealth insurance coverage will begin after you have paid your first month's premium. If you pay your first month's premium, your coverage could start as early as January 1,

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2015.” Finally, the notice stated that if you did not pay your premium, you might not have health coverage.

On January 9, 2015, NYSOH issued a disenrollment notice confirming that your request to end your insurance coverage MVP has been received on January 8, 2015. The notice further stated that you would no longer have coverage as of January 31, 2015.

On January 22, 2016, NYSOH issued a Health Insurance Marketplace Statement (Form 1095-A) for 2015.

On February 8, 2016, you spoke to NYSOH's Account Review Unit and appealed the disenrollment notice insofar as it terminated your coverage under your qualified health plan on January 31, 2015, and not on December 31, 2014.

On June 27, 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 enrolled in Medicare coverage through CDPHP on or about October 17, 2014 as a result of your disability. Your Medicare coverage began as of January 1, 2015.
- 2) You testified that you contacted both MVP and NYSOH on or about October 17, 2014 to inform the respective representatives that you were no longer seeking insurance through NYSOH during the 2015 plan year since you were now enrolled in Medicare.
- 3) You testified that you didn't realize that you had been reenrolled until you received a bill from MVP, which requested that you remit \$509.93 for coverage during January 2015.
- 4) You testified that you did not pay any premium amounts for coverage during January 2015.
- 5) You testified that you made an additional call to NYSOH on January 8, 2015 to discontinue any coverage through NYSOH.
- 6) You testified that you did not use your insurance coverage for the month of January 2015.

- 7) You testified that in addition to seeking to retroactively terminate the MVP coverage to December 31, 2014, you were seeking to have your 1095-A form revised to reflect that you were not enrolled in a plan through NYSOH during January 2015 as you believed that had caused you to incur a liability when you filed your 2015 tax return.

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 is whether NYSOH properly determined that your enrollment in MVP was terminated on January 31, 2015, rather than December 31, 2014.

On December 23, 2014, the Marketplace issued a notice of enrollment, stating that as of December 22, 2014 you were enrolled in a plan with MVP. The notice further stated that if you had a premium responsibility, you must pay the monthly premium before your coverage could begin. If you did not pay your premium, you might not have health coverage.

You testified that you did not pay any premium amounts to MVP for coverage during the month of January 2015. Because you did not pay your first premium, your coverage with MVP never went into effect during 2015.

Therefore, the disenrollment notice issued on January 9, 2015 is MODIFIED to state that you had no coverage with MVP, effective December 31, 2014.

Furthermore, since you were not enrolled in MVP during the month of January 2015, your case is RETURNED to NYSOH issue an updated Health Insurance Marketplace Statement (Form 1095-A) for 2015 reflecting that you were not enrolled in a plan issued by NYSOH during January 2015.

## **Decision**

The January 9, 2015 disenrollment notice is MODIFIED to state that you had no coverage with MVP, effective December 31, 2014.

Your case is RETURNED to NYSOH issue an updated Health Insurance Marketplace Statement (Form 1095-A) for 2015 reflecting that you were not enrolled in a plan issued by NYSOH during January 2015.

**Effective Date of this Decision:** July 22, 2016

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

Your coverage with MVP was terminated effective December 31, 2014.

You will be issued a new Health Insurance Marketplace Statement (Form 1095-A) for 2015 reflecting that you were not enrolled in a plan issued by NYSOH during January 2015.

## **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.

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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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The January 9, 2015 disenrollment notice is MODIFIED to state that you had no coverage with MVP, effective December 31, 2014.

Your coverage with MVP was terminated effective December 31, 2014.

You will be issued a new Health Insurance Marketplace Statement (Form 1095-A) for 2015 reflecting that you were not enrolled in a plan issued by NYSOH during January 2015.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

