



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

## Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007261

[REDACTED]

Dear [REDACTED],

On July 25, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 18, 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).

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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: AP000000007261

[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 qualified health plan ended on February 29, 2016?

## Procedural History

On October 23, 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 22, 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.

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

On February 17, 2016, your NYSOH account was updated.

On February 18, 2016, NYSOH issued a disenrollment notice stating that your coverage through your full pay qualified health plan would end effective February 29, 2016.

On February 22, 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 on February 29, 2016 and not on January 1, 2016.

On July 25, 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 pay any premiums for your silver level health plan for the months of January, and February, 2016.
- 2) You testified that you did not use your insurance for either January or February 2016.
- 3) You testified that you had enrolled in a health plan through your employer effective January 1, 2016.
- 4) The enrollment history tab in your NYSOH application states that your enrollment in your qualified health plan was terminated effective January 1, 2016 by the NYSOH system.
- 5) You testified that you are seeking an end date for your qualified health plan through NYSOH of January 1, 2016.

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, 2015.

On October 23, 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. Since you did not respond to this notice, you were reenrolled into your qualified health plan at full cost as of January 1, 2016.

You testified that you did not pay any premiums for your silver level health plan for the months of January, and February, 2016. You further testified that you did not use your insurance for either January or February 2016. You explained that you had enrolled in a health plan through your employer effective January 1, 2016, and were covered under, and using that plan, instead.

The enrollment history tab in your NYSOH application states that your enrollment in your qualified health plan through NYSOH 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 February 18, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay silver level qualified health plan ended effective January 1, 2016.

## **Decision**

The February 18, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay silver level qualified health plan ended effective January 1, 2016.

**Effective Date of this Decision:** August 1, 2016

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

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

This decision has no effect on your eligibility for or enrollment in a health plan through your employer.

## **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):**

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- By mail at:  
NY State of Health Appeals  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The February 18, 2016 disenrollment notice is MODIFIED to state that your coverage through your full pay silver level qualified health plan ended effective January 1, 2016.

Your coverage through your silver level qualified health plan ended effective January 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:**

