



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

Notice of Decision

Decision Date: August 5, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007356

[REDACTED]

Dear [REDACTED],

On August 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 5, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007356

[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 Silver level qualified health plan effective March 31, 2016?

Procedural History

On December 9, 2014, NYSOH issued an enrollment confirmation notice confirming your enrollment in a Silver level qualified health plan with a \$217.28 premium.

On October 22, 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 required time frame.

On December 22, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Silver level qualified health plan with a premium responsibility of \$452.77 per month, and a start date of January 1, 2016.

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

On February 20, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to enroll in the Essential Plan, effective April 1, 2016.

Also on February 20, 2016, a disenrollment notice was issued ending your coverage with your Silver level health plan effective March 31, 2016. This notice was based upon your request received on February 19, 2016.

On February 23, 2016, you contacted NYSOH Account Review Unit and appealed your enrollment in a full cost Silver level health plan effective January 1, 2016. You were seeking to be disenrolled from the health plan retroactively for January, February and March 2016.

On August 2, 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 proceeding.

Findings of Fact

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

- 1) You testified, and the record reflects, that you were receiving advance premium tax credits to assist in paying the cost of your insurance premium in 2015.
- 2) The record reflects you were automatically enrolled into a full cost Silver level qualified health plan effective January 1, 2016.
- 3) You testified that you receive your notices by email.
- 4) You testified that you received email alerts that there were notices in your NYSOH account inbox but you did not access your inbox to read the notices.
- 5) You testified that you had assumed you would just be auto-enrolled into your same qualified health plan for 2016.
- 6) You testified that you paid your January, and February 2016 premium responsibility by automatic debit. You further testified that when you

realized the premium for your plan increased, you contacted NYSOH to cancel your enrollment.

- 7) You testified that you did not respond or reapply for insurance for 2016 until February 19, 2016.
- 8) You testified that the first time you requested cancellation from your Silver level qualified health plan was February 19, 2016.
- 9) The enrollment history tab in your NYSOH account indicates that your enrollment in your Silver level qualified health plan was terminated as of February 29, 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 NYSOH properly determined that the coverage provided by your Silver level qualified health plan ended on March 31, 2016 and not January 1, 2016.

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You testified, and the record reflects, that you were receiving advance premium tax credits to assist in paying the cost of your insurance premium in 2015.

On October 22, 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. You testified that you received email alerts that there were notices in your NYSOH account inbox but you did not access your inbox to read the notices.

As a result of not responding to the renewal notice, your advance premium tax credit eligibility ended as of December 31, 2015. The record reflects you were then automatically enrolled into a full cost Silver level qualified health plan effective January 1, 2016. You testified that you had assumed you would be auto-enrolled into your same qualified health plan for 2016.

You testified that you contacted NYSOH on February 19, 2016 to terminate your full pay qualified health plan enrollment because you did not realize the premium amount had increased significantly from the previous year.

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 February 19, 2016. Since your request was after the 15th of the month, the termination cannot go into effect until the end of the next following month, in your case March 31, 2016.

Since you did not provide reasonable notice to NYSOH or your health plan, your coverage cannot be terminated effective January 1, 2016. However, the enrollment history tab in your NYSOH account indicates that your enrollment in your Silver level qualified health plan was terminated as of February 29, 2016.

Therefore, NYSOH's February 20, 2016, disenrollment notice is MODIFIED to state that your coverage through your Silver level qualified health plan ended effective February 29, 2016.

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 February 20, 2016, disenrollment notice is MODIFIED to state that your coverage through your Silver level qualified health plan ended effective February 29, 2016.

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: August 5, 2016

How this Decision Affects Your Eligibility

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

This decision has no effect on your enrollment in the Essential Plan.

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.

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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 February 20, 2016, disenrollment notice is MODIFIED to state that your coverage through your Silver level qualified health plan ended effective February 29, 2016.

You may contact 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 Silver level health plan ended effective February 29, 2016.

This decision has no effect on your enrollment in the Essential Plan.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

