



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

## Notice of Decision

Decision Date: August 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007360

[REDACTED]

Dear [REDACTED],

On August 16, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 26, 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

- 1) 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 Regulation (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: AP000000007360



## 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 (QHP) ended on February 29, 2016?

## Procedural History

On December 29, 2015, NYSOH received your updated application for health insurance.

On December 30, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$200.00 per month in advance payments of the premium tax credit, and eligible for cost-sharing reductions, effective February 1, 2016.

Also on December 30, 2015, NYSOH issued an enrollment confirmation notice confirming your enrolment in a gold-level QHP, starting February 1, 2016, with the application of your tax credit to your monthly premium also starting on February 1, 2016.

On February 24, 2016, you spoke to NYSOH's Account Review Unit and appealed the fact that you were unable to change to a new health plan, as it was no longer open enrollment.

On February 25, 2016, you requested to have your coverage in your QHP terminated.

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On February 26, 2016, NYSOH issued a disenrollment notice stating that your coverage in your QHP was terminated effective February 29, 2016.

On March 1, 2016, you updated your NYSOH application.

On March 10, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2016, and you were subsequently enrolled into a Medicaid Managed Care plan, effective April 1, 2016.

On March 14, 2016, your appeal was modified, as you now wanted to appeal the termination date of your QHP coverage insofar as it was terminated effective February 29, 2016 and not February 1, 2016.

On August 16, 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 support the following findings of fact:

- 1) The record indicates that you contacted NYSOH on February 25, 2016 and requested to cancel your QHP coverage.
- 2) You testified that you originally contacted NYSOH on February 24, 2016 to try to change to a different QHP because your doctors did not accept the plan you had enrolled in, but were told that you could not change your plan.
- 3) You testified that, once you became eligible for Medicaid in March 2016, you wanted to appeal to have your QHP coverage terminated for the month of February 2016 so that you could get back the premium payment that you made, as you were unable to use the coverage.
- 4) You testified that you paid your February 2016 premium, after the application of your tax credit.
- 5) You testified that you did not use your insurance in February 2016 because none of your doctors accepted it.

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 QHP, including when an enrollee obtains minimum essential coverage, with appropriate notice to NYSOH or QHP (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 QHP 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 your enrollment, in your QHP ended effective 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.

You testified that you paid the premium for your QHP coverage in February 2016, but were unable to use the coverage at all because your doctors did not accept it. You testified that you want your coverage for February 2016 cancelled so that you can be reimbursed for the premium payment that you made, as you never used the coverage.

However, the record reflects that you did not contact NYSOH to make a request to terminate your QHP coverage until February 25, 2016. Based on the timeframes outlined above, your QHP coverage could not end any earlier than February 29, 2016, as the regulation does not allow for enrollees to request retroactive termination.

NYSOH's February 26, 2016 disenrollment notice is **AFFIRMED**.

## **Decision**

NYSOH's February 26, 2016 disenrollment notice is AFFIRMED.

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

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

Your coverage through your gold-level QHP ended effective February 29, 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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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

NYSOH's February 26, 2016 disenrollment notice is AFFIRMED.

Your coverage through your gold-level QHP ended effective February 29, 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:**

