



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: AP000000007619

[REDACTED]

Dear [REDACTED],

On August 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 3, 2016 disenrollment notice regarding your mother.

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(b).

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: August 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007619

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your mother's enrollment in a qualified health plan at full cost ended on March 31, 2016, and not January 31, 2016?

## Procedural History

On December 16, 2015, NY State of Health (NYSOH) issued an eligibility redetermination notice that in part stated your mother was eligible to enroll in a qualified health plan at full cost, effective January 1, 2016.

Also on December 16, 2015, NYSOH issued an enrollment notice confirming in part your mother's enrollment in a bronze-level qualified health plan with Healthfirst as of January 1, 2016 with a monthly premium responsibility of \$356.31. The notice further stated that you would receive an invoice from your mother's health plan and you must pay her monthly premium to start and keep her coverage.

According to your NYSOH account, on March 2, 2016, you contacted NYSOH and requested that your mother's coverage be cancelled, which was processed with an end date of March 31, 2016.

On March 2, 2016, you spoke to a representative from NYSOH's Account Review Unit and appealed your mother's disenrollment date insofar as her coverage under her qualified health plan was to end March 31, 2016 and not January 31, 2016.

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On March 3, 2016, a disenrollment notice was issued that stated your mother's insurance coverage with Healthfirst would be terminated as of March 31, 2016.

On August 12, 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) According to your NYSOH account, your mother was enrolled in a Healthfirst bronze QHP as of January 1, 2016 and had a monthly premium of \$356.31.
- 2) You testified that you did not understand that you had to pay the full premium, plus meet a deductible, including co-payments.
- 3) You testified that your mother went to the doctor in January 2016 and you found out from the pharmacist when you went to get her prescription filled that you had to pay over \$100.00 toward her prescription medication, which you could not afford and did not purchase.
- 4) You testified that you contacted Healthfirst to cancel coverage immediately but were sent to NYSOH.
- 5) You testified that NYSOH agents gave you different answers each time you called and it was not until March 2, 2015 that a NYSOH agent was able to assist you and cancel your mother's coverage.
- 6) You testified that you want your mother's coverage to end as of January 1, 2016 because you did not pay any premium for her coverage to start and cannot afford to pay it now.

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)).

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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 NYSOH properly determined that the coverage provided by your mother's qualified health plan ended on March 31, 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.

The record reflects that your request to cancel your mother's coverage in her qualified health plan was received on March 2, 2016. Although you did not provide reasonable notice to NYSOH at least 14 days for her coverage to end as of its start date, you credibly testified that you did not pay the first month's premium for her coverage to start in the first place. Since no payment was made, your mother's coverage should have been cancelled as of its inception; that is as of January 1, 2016.

Therefore, NYSOH's March 3, 2016 disenrollment notice is MODIFIED to state that your mother's insurance coverage with her qualified health plan cancelled, effective January 1, 2016.

## **Decision**

NYSOH's March 3, 2016 disenrollment notice is MODIFIED to state that your mother's insurance coverage with her qualified health plan cancelled, effective January 1, 2016.

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

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).

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

Your mother's coverage with her qualified health plan cancelled as of its start date of January 1, 2016.

Your mother's coverage with her qualified health plan cancelled as of its start date of January 1, 2016 because you did not make payment for it to start.

You are not responsible for the premiums for the months of January 2016, February 2016, or March 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 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):**

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

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Albany, NY 12211

- By fax: 1-855-900-5557

## **Summary**

NYSOH's March 3, 2016 disenrollment notice is MODIFIED to state that your mother's insurance coverage with her qualified health plan cancelled, effective January 1, 2016.

Your mother's coverage with her qualified health plan cancelled as of its start date of January 1, 2016 because you did not make payment for it to start.

Your mother did not have health insurance through NYSOH as of January 1, 2016.

You are not responsible for the premiums for the months of January 2016, February 2016, or March 2016.

## **Legal Authority**

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

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

