



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

Notice of Decision

Decision Date: October 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008080

[REDACTED]

Dear [REDACTED]

On September 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 19, 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 Federal regulation 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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NY State of Health Account ID: [REDACTED]
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Issue

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

Did New York State of Health (NYSOH) properly determine that your qualified health plan coverage should end effective March 31, 2016?

Procedural History

On January 9, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible to receive up to \$197.00 of advance premium tax credits and cost-sharing reductions, effective as of February 1, 2016. The notice directed you to submit additional income documentation to confirm your eligibility before April 7, 2016.

Also on January 9, 2016, NYSOH issued an enrollment notice confirming that on January 8, 2016, you enrolled in UnitedHealthcare Compass Bronze ST INN Pediatric Dental Dep25 (UnitedHealthcare) with a plan enrollment start date of February 1, 2016.

On March 18, 2016, your NYSOH account was updated to reflect that you were no longer applying for health insurance through NYSOH.

Also on March 18, 2016, you spoke to NYSOH Account Review Unit and requested an appeal insofar as disenrollment date of your qualified health plan.

On March 19, 2016, NYSOH issued a disenrollment notice stating that you requested to end your insurance coverage with UnitedHealthcare on March 18, 2016, and you will no longer have coverage effective March 31, 2016.

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On September 15, 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 enrolled in a UnitedHealthcare Bronze plan through NYSOH with a plan enrollment start date of February 1, 2016.
- 2) You testified that you paid the February 2016 health insurance premium to UnitedHealthcare.
- 3) You testified that the out-of-pocket medical expenses made the UnitedHealthcare Bronze plan unaffordable.
- 4) You testified that you contacted NYSOH at the end of February 2016 and cancelled your UnitedHealthcare Bronze health plan.
- 5) According to your NYSOH account, your account was updated on March 18, 2016, to that you were no longer applying for health insurance through NYSOH.
- 6) On March 19, 2016, NYSOH issued a disenrollment notice stating that you requested to end your insurance coverage with UnitedHealthcare on March 18, 2016, and the coverage would end effective March 31, 2016.
- 7) You testified that you did not use the UnitedHealthcare coverage in March 2016.
- 8) You testified that you do not want to be responsible for the March 2016 health insurance premium.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

QHP Termination Effective date:

NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains minimum essential coverage,

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with appropriate notice to the Marketplace or qualified health plan (45 CFR §155.430(b)(1)).

For enrollee-initiated terminations, the last day of coverage is either:

- The termination date specified by the enrollee, if they provide notice at least 14 days before the requested termination becomes effective;
- Fourteen days after the enrollee requests the termination, if they do not provide 14 days' notice; or
- On a date on or after the date the enrollee requests the termination, subject to the determination of the enrollee's qualified health plan issuer, if the enrollee's qualified health plan issuer agrees to effectuate termination in fewer than 14 days, and the enrollee requests an earlier termination effective date

(45 CFR § 155.430(d)(2)(i)-(iii)).

Legal Analysis

The issue under review is whether NYSOH properly terminated your insurance coverage through the NYSOH effective March 31, 2016.

You enrolled in a qualified health plan, through the NYSOH, on January 8, 2016. On the following day, NYSOH issued an enrollment notice confirming that you were enrolled in a health plan and your coverage was effective February 1, 2016.

An enrollee must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to NYSOH or to their health plan. Reasonable notice is at least fourteen days before the requested effective date of termination.

You testified that you contacted NYSOH at the end of February 2016 to cancel your health coverage. However, your NYSOH account does not reflect that any changes were made to your account during that time period.

The record reflects that you did not request to terminate your UnitedHealthcare coverage until March 18, 2016. Therefore, the NYSOH properly terminated your insurance coverage with UnitedHealthcare effective March 31, 2016.

The March 19, 2016 disenrollment notice is **AFFIRMED**.

However, an earlier termination date may be granted if the enrollee requests an earlier termination date, and the health plan issuer agrees to effectuate the termination of the qualified health plan at the earlier date.

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).

You may contact the qualified health plan directly to inquire if they are willing to effectuate your termination at an earlier date.

Decision

The March 19, 2016 disenrollment notice is AFFIRMED.

Effective Date of this Decision: October 25, 2016

How this Decision Affects Your Eligibility

Your coverage with UnitedHealthcare terminated effective March 31, 2016.

You may contact UnitedHealthcare to inquire if they are willing to effectuate your termination at an earlier date.

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

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- By mail at:
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- By fax: 1-855-900-5557

Summary

The March 19, 2016 disenrollment notice is AFFIRMED.

Your coverage with UnitedHealthcare terminated effective March 31, 2016.

You may contact UnitedHealthcare to inquire if they are willing to effectuate your termination at an earlier date.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

