



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

Notice of Decision

Decision Date: November 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008510

[REDACTED]

Dear [REDACTED]

On October 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 1, 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 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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DEPARTMENT OF HEALTH
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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008510

[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 (QHP) ended on July 31, 2016?

Procedural History

On January 27, 2016, NYSOH received your updated application for health insurance.

On January 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$75.00 per month in advance payments of the premium tax credit (APTC), effective March 1, 2016.

On February 1, 2016, NYSOH issued a notice of enrollment confirmation confirming your enrollment in an individual bronze level QHP, effective March 1, 2016.

On March 31, 2016, you spoke to NYSOH's Account Review Unit and appealed with regard to the amount of financial assistance for which you were determined eligible.

On June 30, 2016, you updated your NYSOH account and uploaded documentation to your NYSOH account.

On July 1, 2016, NYSOH issued a notice stating that additional information in the form of documentation of your income was needed to make a determination as to your eligibility.

Also on July 1, 2016, NYSOH issued a disenrollment notice, stating that your enrollment in your QHP was terminated, effective July 31, 2016.

On July 11, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in Medicaid, effective August 1, 2016.

On October 13, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the reason for appeal was modified, as you stated that you now wanted to appeal to have your enrollment in your QHP retroactively terminated as of March 1, 2016. The record was developed during the hearing and kept open for fifteen days at the end of the hearing so that you could submit proof of your income for the months of June and July 2016. No documentation was submitted, and the record is now closed.

Findings of Fact

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

- 1) You testified that you are seeking to have your enrollment in your QHP retroactively terminated so that your can have your March 2016 premium refunded.
- 2) You testified that, with all of your other living expenses, the premium for your QHP was unaffordable.
- 3) You testified that you found out that you still had to pay the full bill for a doctor's visit that you had in March 2016, even though you had insurance, because you had to meet the deductible.
- 4) You testified that you paid close to \$1,000.00 for your health care expenses in March 2016.
- 5) You testified that you paid the premium for your QHP for the month of March 2016, but did not pay for any months after that because it was unaffordable.
- 6) You testified that you think your QHP may have sent you a cancellation notice when you stopped paying.
- 7) You testified that you are concerned about a tax penalty because you did not have coverage for most of 2016.

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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)).

Affordability Exemption

Under some circumstances, a person may receive an exemption from paying a penalty for not purchasing health insurance coverage. Such an exemption may be granted if that person can show that he or she experienced a financial hardship or has domestic circumstances that (1) caused an unexpected increase in essential expenses that prevented that person from obtaining health coverage under a QHP; (2) would have caused the person to experience serious deprivation of food, shelter, clothing, or other necessities, as a result of the expense of purchasing health coverage under a QHP; or (3) prevented that person from obtaining coverage under a QHP (45 CFR § 155.605(a), (g)).

NYSOH has deferred to the U.S. Department of Health and Human Services (HHS) on the matter of hardship exemptions (see 45 CFR § 155.505(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined your enrollment, in your QHP ended effective July 31, 2016.

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Enrollees must be allowed to terminate their coverage with a QHP if they provide appropriate notice to NYSOH or to their health plan.

You testified that you paid the premium for your QHP coverage in March 2016, but that you still had to pay the full cost for your doctor's bills for that month because of your deductible. You testified that you want your coverage for March 2016 cancelled so that you can be reimbursed for the premium payment that you made.

However, the record reflects that you did not contact NYSOH at any point to request termination of your QHP. The first time you took any action to update your account was on June 30, 2016, which resulted in a finding that you were eligible for Medicaid as of August 1, 2016. Your June 30 account update also resulted in the termination of your QHP enrollment as of July 31, 2016. Based on the timeframes outlined above, your QHP coverage could not end any earlier than July 31, 2016, as the regulation does not allow for enrollees to request retroactive termination. Your QHP enrollment properly terminated when you were found newly eligible for Medicaid coverage.

Therefore, NYSOH's July 1, 2016 disenrollment notice is AFFIRMED.

You testified at the hearing that you were concerned about incurring a tax penalty because you did not have insurance coverage for part of 2016.

If you wish to be considered for a hardship exemption, which would exempt you from paying a penalty for not having health insurance during 2016, you can check the Federal Marketplace website (www.healthcare.gov) for an application.

Decision

NYSOH's July 1, 2016 disenrollment notice is AFFIRMED.

Effective Date of this Decision: November 4, 2016

How this Decision Affects Your Eligibility

Your coverage through your bronze-level QHP ended effective July 31, 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

NYSOH's July 1, 2016 disenrollment notice is **AFFIRMED**.

Your coverage through your bronze-level QHP ended effective July 31, 2016.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

