



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

Notice of Decision

Decision Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010953

[REDACTED]

Dear [REDACTED],

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 24, 2015 cancellation 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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Decision

Decision Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010953



Issue

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

Did you have coverage in a platinum-level qualified health plan (QHP) through Healthfirst in December 2015?

Procedural History

On November 5, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible to purchase a QHP at full cost, effective December 1, 2015.

On November 13, 2015, NYSOH issued an enrollment notice confirming that as of November 11, 2015, you were enrolled in a platinum-level QHP through Healthfirst with an enrollment start date of December 1, 2015.

On November 16, 2015, your NYSOH account was updated.

On November 22, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$185.00 of advance premium tax credit and cost-sharing reductions, effective as of January 1, 2016.

On November 24, 2015, NYSOH issued an enrollment notice confirming that as of November 23, 2015, you were enrolled in a silver-level QHP through Oscar with an enrollment start date of January 1, 2016.

Also on November 24, 2015, NYSOH issued a cancellation notice stating that you requested to cancel your platinum-level QHP through Healthfirst on November 23, 2015, and your coverage would end effective November 23, 2015.

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On November 25, 2015 and December 4, 2015, NYSOH issued an enrollment notice confirming that you were enrolled in a platinum-level QHP through Healthfirst with a plan enrollment start date of January 1, 2016.

On December 18, 2015, NYSOH issued a cancellation notice stating that your request to cancel your QHP through Oscar was received on November 25, 2015, and your coverage would end January 1, 2016.

Also on December 18, 2015, NYSOH issued a cancellation notice stating that your request to cancel your platinum-level QHP through Healthfirst was received on December 1, 2015, and your coverage would end January 1, 2016.

On July 20, 2016, you contacted NYSOH's Account Review Unit and appealed the cancellation of your platinum-level QHP through Healthfirst for the month of December 2015.

On December 27, 2016, you had a telephone hearing with a Hearing Officer from the 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 are seeking to effectuate your platinum-level QHP coverage through Healthfirst for the month of December 2015.
- 2) According to your November 2, 2015 application, you were applying through NYSOH because of the loss of essential health coverage effective December 1, 2015.
- 3) According to your NYSOH account, you enrolled in a platinum-level QHP through Healthfirst on November 12, 2015 with an enrollment start date of December 1, 2015.
- 4) According to your NYSOH account, you enrolled in a silver-level QHP through Oscar on November 23, 2015 with an enrollment start date of January 1, 2016.
- 5) According to your NYSOH account, you were disenrolled from your platinum-level QHP through Healthfirst on November 23, 2015.
- 6) According to the "Appeal Summary" in the Evidence Packet, you submitted a complaint regarding this issue on November 23, 2015 (██████████). The complaint states in relevant parts:

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SEP Request. Enrollment into Healthfirst plan [REDACTED] was mistakenly disenrolled when consumer selected their plan for 2016. Consumer is requesting that plan be reinstated to begin on 12/1/15.

- 7) You testified you have paid your health insurance to Healthfirst for the month of December 2015. However, the health plan will not refund your premium because their system shows that your coverage was active from 12/1/2015 through 12/1/2015.
- 8) You testified that you have incurred approximately \$600.00 in medical bills for the month of December 2015.
- 9) You testified that you have contacted NYSOH multiple times to resolve the issue. However, you were told that the issue had been fixed or the issue needs to be resolved by another department.

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

Applicable Law and Regulations

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH after the fifteenth day of the month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Termination of a Qualified Health Plan; Enrollee Initiated

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 you were enrolled in a platinum-level QHP through Healthfirst in December 2015.

You enrolled in a platinum-level Healthfirst QHP on November 11, 2015 with an enrollment start date of December 1, 2015.

On November 16, 2015, you submitted an application for financial assistance through NYSOH. The record reflects that you enrolled in a silver-level QHP through Oscar on November 23, 2015, with an enrollment start date of January 1, 2016.

A cancellation notice was issued on November 24, 2015, confirming your request to cancel your platinum-level QHP through Healthfirst effective November 23, 2015. You submitted a formal complaint with NYSOH on November 23, 2015, because your Healthfirst QHP was mistakenly cancelled when selecting a QHP for 2016. The record supports that it was not your intention to have your platinum-level QHP through Healthfirst terminated effective November 23, 2015.

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. However, NYSOH should have allowed you the option to continue your coverage in your Healthfirst QHP until your enrollment in the Oscar QHP was effective.

You testified you have paid the health insurance premium to Healthfirst for the month of December 2015. However, the health plan will not refund your premium because their system shows that your coverage was active from 12/1/2015 through 12/1/2015.

Therefore, the November 24, 2015 cancellation notice improperly cancelled your platinum-level QHP through Healthfirst, and is MODIFIED to reflect a disenrollment date of December 31, 2015.

Your case is RETURNED to NYSOH's Plan Management Unit to further investigate whether a premium payment was properly made and received by Healthfirst for December 2015 and reinstate your coverage for that month.

Decision

The November 24, 2015 cancellation notice improperly cancelled your platinum-level QHP through Healthfirst, and is MODIFIED to reflect a disenrollment date of December 31, 2015.

Your case is RETURNED to NYSOH's Plan Management Unit to further investigate whether a premium payment was properly made and received by Healthfirst for December 2015 and reinstate your coverage for that month.

Effective Date of this Decision: February 21, 2017

How this Decision Affects Your Eligibility

Your enrollment in the platinum-level Healthfirst QHP will be effective from December 1, 2015 through December 31, 2015.

You will be responsible for the December 2015 health insurance premium, if it has not already been paid.

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

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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

The November 24, 2015 cancellation notice improperly cancelled your platinum-level QHP through Healthfirst, and is MODIFIED to reflect a disenrollment date of December 31, 2015.

Your case is RETURNED to NYSOH's Plan Management Unit to further investigate whether a premium payment was properly made and received by Healthfirst for December 2015 and reinstate your coverage for that month.

Your enrollment in the platinum-level Healthfirst QHP will be effective from December 1, 2015 through December 31, 2015.

You will be responsible for the December 2015 health insurance premium, if it has not already been paid.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

