



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

## Notice of Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012512

[REDACTED]

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 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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## Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012512



## Issue

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

Did New York State of Health (NYSOH) properly terminate your spouse's qualified health plan (QHP) effective July 31, 2016?

## Procedural History

On December 6, 2015, NYSOH issued an eligibility determination notice that you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH effective as of January 1, 2016.

Also on December 6, 2015, NYSOH issued an enrollment notice confirming that as of December 1, 2015 you and your spouse were enrolled in a bronze-level QHP through MVP Health Care, with a monthly premium of \$624.32, effective January 1, 2016.

On June 16, 2016, your NYSOH account was updated.

On June 17, 2016, NYSOH issued three notices:

(a) An eligibility determination notice stating that you were eligible to purchase a health plan at full cost through NYSOH effective August 1, 2016.

(b) A disenrollment notice stating that your spouse's MVP Health Care coverage would end effective July 31, 2016.

(c) An enrollment notice confirming that you were enrolled in a bronze-level QHP through MVP Health Care, with a monthly premium of \$312.16, effective January 1, 2016.

On October 13, 2016, you requested an appeal insofar as the termination effective date of your spouse's QHP coverage and reimbursement of the portion of the health insurance premium paid for your spouse's coverage for July 2016.

On December 29, 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 and testimony, you and your spouse enrolled in a QHP through MVP Health Care with an enrollment start date of January 1, 2016.
- 2) You testified that on June 1, 2016, you contacted MVP Health Care to terminate your spouse's coverage and was told to contact NYSOH.
- 3) You testified that on June 1, 2016, you contacted NYSOH to terminate your spouse QHP coverage. However, a NYSOH representative directed you to call back on June 15, 2016, to terminate coverage.
- 4) You testified that you wanted to cancel your spouse's QHP coverage because they were eligible for Medicare effective July 1, 2016.
- 5) According to your NYSOH account and testimony, you contacted NYSOH on June 16, 2016, and terminated your spouse's coverage.
- 6) On June 17, 2016, NYSOH issued a disenrollment notice stating that your spouse's MVP Health Care coverage would end effective July 31, 2016.
- 7) You testified that you have submitted multiple complaints [REDACTED] with NYSOH to retroactively terminate your spouse's QHP coverage effective June 30, 2016. However, your complaints went unanswered and have not been resolved as of the date of the hearing.
- 8) You testified that your spouse did not use the MVP Health Care coverage in July 2016.

- 9) You testified that you are seeking reimbursement of the portion of the July 2016 premium that was paid for your spouse's enrollment.

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:

The Marketplace 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 the Marketplace or qualified health plan 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)).

### Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination; and (5) the denial of a request for a special enrollment period (45 CFR § 155.505, 45 CFR § 155.420(d)).

## **Legal Analysis**

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).

The issue under review is whether the NYSOH properly terminated your spouse's health insurance coverage effective July 31, 2016.

You and your spouse were enrolled in a QHP through NYSOH with an enrollment start date of January 1, 2016.

An enrollee must be allowed to terminate their QHP coverage 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.

The record supports that you contacted MVP Health Care and NYSOH on June 1, 2016, to cancel your spouse's coverage. However, you were directed by a NYSOH representative to cancel your spouse's on June 15, 2016. On June 16, 2016, you contacted NYSOH and terminated your spouse's coverage.

The credible record supports that you attempted to terminate your spouse's coverage on June 1, 2016, and successfully terminated the coverage on June 16, 2016. Since these dates are at least fourteen days prior to June 30, 2016, NYSOH improperly terminated your spouse's coverage July 31, 2016.

Therefore, the June 17, 2016, disenrollment notice is MODIFIED to state that your spouse's health insurance coverage would end June 30, 2016.

The record supports that your spouse did not use the MVP Health Care coverage in July 2016 and are seeking reimbursement of the portion of the July 2016 premium that was paid for your spouse's enrollment.

The NYSOH Appeals Unit is not given the authority to review the reimbursement health insurance premiums, we cannot reach the merits as to whether you were eligible for a reimbursement of the portion paid for your spouse's enrollment in the MVP Health Care QHP during the month of July 2016.

However, your case is RETURNED to NYSOH's Plan Management Unit to facilitate the reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in MVP Health Care during the month of July 2016.

## **Decision**

The June 17, 2016, disenrollment notice is MODIFIED to state that your spouse's health insurance coverage would end June 30, 2016.

Your case is RETURNED to NYSOH's Plan Management Unit to facilitate the reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in MVP Health Care during the month of July 2016.

**Effective Date of this Decision:** January 27, 2017

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

Your spouse's MVP Health Care coverage terminated effective June 30, 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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

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## **Summary**

The June 17, 2016, disenrollment notice is MODIFIED to state that your spouse's health insurance coverage would end June 30, 2016.

Your case is RETURNED to NYSOH's Plan Management Unit to facilitate the reimbursement of the portion of the premium paid in connection with the enrollment of your spouse in MVP Health Care during the month of July 2016.

Your spouse's MVP Health Care coverage terminated effective June 30, 2016.

## **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:**

