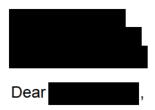# nystateofhealth
The Official Health Plan Marketplace

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

Notice of Decision

Decision Date: May 12, 2017

NY State of Health Account ID: ███████████
Appeal Identification Number: AP000000014579

███████████
███████████

Dear ███████,

On April 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 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 Regulations (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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The Official Health Plan Marketplace

STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: May 12, 2017

NY State of Health Account ID: ████████████
Appeal Identification Number: AP000000014579

████████████

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 and your spouse's enrollment in your silver-level qualified health plan (QHP) ended effective January 1, 2017?

Procedural History

On August 9, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to received advance premium tax credits (APTC) of $298.00 per month, effective September 1, 2016, and you were enrolled in a silver-level QHP as of that date.

On October 18, 2016, NYSOH issued a renewal notice stating that you and your spouse were eligible for APTC of $530.19 and that NYSOH had re-enrolled you and your spouse in your current health plan for another year, effective January 1, 2017.

On November 19, 2016, NYSOH issued a plan enrollment notice confirming your and your spouse's enrollment in a silver-level QHP, effective January 1, 2017.

On December 14, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH because you and your spouse no longer wanted to receive coverage.

Also on December 14, 2016, NYSOH issued a disenrollment notice indicating that coverage in your silver-level QHP would end effective January 1, 2017.

On January 4, 2017, you contacted the NYSOH Account Review Unit and appealed the date you and your spouse were disenrolled from your silver-level QHP, requesting the disenrollment be made effective November 30, 2016.

On April 5, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and held open until April 20, 2017 to allow you time to submit supporting documentation. No documentation was received within the allotted time. The record is now closed.

Findings of Fact

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

1) You testified that, sometime during the week of November 11, 2016, you called your QHP and told them you were going to be eligible for health insurance through your employer starting December 1, 2016 and wanted coverage with them to end November 30, 2016. You testified that the customer service representative said "OK".

2) You testified that when you spoke to the customer service representative during this phone call, at no time did the QHP's representative tell you that you had to contact NYSOH to cancel your insurance.

3) You testified that, in early December 2016, you received an invoice for premiums from your QHP for the month of December 2016.

4) You testified that, after receiving the December 2016 premium invoice, you called the QHP's customer service and were told by a customer service representative for the first time that you needed to contact NYSOH to cancel your health coverage.

5) According to your NYSOH account and your testimony, you contacted NYSOH on December 13, 2016 to disenroll yourself and your spouse from your silver-level QHP through NYSOH.

6) According to your NYSOH account, under the "Notes" tab there is an entry dated March 2, 2017 stating; "Member req: Coverage end date change of a terminated plan".

7) According to your NYSOH account, the last entry in the "Enrollment History" tab indicates the following;

Program:	Advance Premium Tax Credit
Plan Source type:	QHP
[ ]	
Plan Name:	Fidelis Care Silver ST INN Pediatric Dental Dep25
Issuer Name:	Fidelis Care
Start:	9/1/2016
End:	11/30/2016
[ ]	
Disenrollment Reason:	User Requested Termination/CS_INTD
Type:	Terminate Enrollment(Modified)
Issuer Status:	EFFECTUATE

8) You testified that you did not pay a premium to your silver-level QHP for the month of December 2016.

9) You testified that neither you nor your spouse used your silver-level QHP in the month of December 2016.

10) You testified that you are seeking retroactive disenrollment from your silver-level QHP effective December 1, 2016.

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

Applicable Law and Regulations

Termination of a Qualified Health Plan

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)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a qualified health plan if:

1) The enrollee demonstrates that they attempted to terminate their coverage and experienced a technical error that did not allow the coverage to be terminated, and requests retroactive termination within 60 days after they discovered the technical error.

2) The enrollment in the qualified health plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH or HHS, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Such enrollee must request cancellation within 60 days of discovering the unintentional, inadvertent, or erroneous enrollment.

3) The enrollee was enrolled in a qualified health plan without their knowledge or consent by any third party, including third parties who have no connection with the Exchange, and requests cancellation within 60 days of discovering of the enrollment.

(45 CFR § 155.430(b)(2)(iv)(A-C)).

NYSOH permits a qualified health plan to terminate an individual's coverage if (1) the enrollee is no longer eligible for coverage or (2) non-payment of the premiums by the enrollee (45 CFR § 155.430(b)(2)(i)-(ii)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your and your spouse's enrollment in your silver-level QHP plan ended effective January 1, 2017.

On October 18, 2016, NYSOH issued a renewal notice stating that you and your spouse were eligible to share in APTC and had been automatically re-enrolled in your current QHP for another year, effective January 1, 2017.

You testified that you called your QHP during the week of November 11, 2016 and spoke to a customer service representative. You told the representative at that time, you no longer needed coverage through them because you were going

to be enrolled in an employee sponsored health plan as of December 1, 2016. You credibly testified that the customer service representative told you "OK" and did not tell you that you needed to contact NYSOH to cancel your plan.

You testified that, when you received a bill from the health plan for December 2016 premium, you again contacted the QHP and at that time you were first informed that you needed to cancel your coverage through NYSOH.

According to your NYSOH account and your testimony, on December 13, 2016 you contacted NYSOH and updated your account to reflect that you and your spouse no longer needed health insurance. Your and your spouse's enrollment in your silver-level QHP were deleted at this time. As a result, your request to terminate your and your spouse's silver-level QHP was processed with a December 31, 2016 end date.

Enrollees must be allowed to terminate their coverage with a QHP at the date they specify if they provide reasonable notice to NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

In your case, NYSOH recognized that you requested cancellation through your QHP during the week of November 11, 2016 and therefore complied with the 14-day reasonable notice rule for coverage to end November 30, 2016. The enrollment history tab in your NYSOH account now states that your and your spouse's enrollment in your silver-level QHP was terminated effective November 30, 2016 by the NYSOH system. This modification to your account was made on March 2, 2017.

Since the issue under appeal has been resolved by NYSOH in your favor, a full discussion of the merits of your case is not necessary and the appeal is now moot. As such, no further action is required.

Decision

The issue under appeal has been resolved by NYSOH in your favor with coverage in your silver-level QHP ending effective November 30, 2016.

Therefore, your appeal has been rendered moot and no further action is required.

Effective Date of this Decision: May 12, 2017

How this Decision Affects Your Eligibility

Your and your spouse's silver-level QHP coverage end date was modified by NYSOH to November 30, 2016.

You and your spouse did not have coverage in your silver-level QHP through NYSOH during the month of December 2016.

You are not responsible for paying the December 2016 monthly premium to the silver-level QHP.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596

- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

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

The issue under appeal has been resolved by NYSOH in your favor with coverage in your silver-level QHP ending effective November 30, 2016.

Therefore, your appeal has been rendered moot and no further action is required.

Your and your spouse's silver-level QHP coverage end date was modified by NYSOH to November 30, 2016.

You and your spouse did not have coverage in your silver-level QHP through NYSOH during the month of December 2016.

You are not responsible for paying the December 2016 monthly premium to the silver-level QHP.

Legal Authority

We are issuing this determination in accordance with 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).

A Copy of this Decision Has Been Provided To:

████████
████

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية(Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 5777-355-855-1. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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).

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a ɔkyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم5777-355-855-1 پر کال کریں۔ ہم آپ کو کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Viêt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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).

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 5777-355-855-1. מיר קענען אייך
געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.