



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

Notice of Decision

Decision Date: May 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015165

[REDACTED]

Dear [REDACTED],

On April 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 25, 2017 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

Decision Date: May 24, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015165

[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 silver-level qualified health plan ended effective February 28, 2017?

Procedural History

On December 4, 2015, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2016.

On December 31, 2015, NYSOH issued an enrollment notice confirming your selection of a silver-level QHP as of December 30, 2015. The notice stated that your coverage under this QHP would begin effective February 1, 2016.

On October 21, 2016, NYSOH issued a renewal and eligibility determination notice stating that you were still qualified to purchase a health plan at full cost, effective January 1, 2017. The notice further stated that you had been reenrolled in the silver-level QHP, and that your coverage start date was January 1, 2017.

On January 25, 2017, NYSOH issued a notice confirming that you changed your mailing address from [REDACTED]

Also on January 25, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible to remain enrolled in health insurance

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through NYSOH because you were no longer a resident of New York State. This eligibility determination was effective March 1, 2017.

Finally, on January 25, 2017, NYSOH issued a disenrollment notice confirming that your silver-level QHP coverage would end effective February 28, 2017. You spoke to NYSOH's Account Review Unit and appealed that your QHP coverage was due to terminate effective February 28, 2016, rather than December 31, 2016.

On April 19, 2017, 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 testified that you are seeking to have your enrollment in your QHP retroactively terminated effective December 31, 2016.
- 2) You testified that you moved out of New York State during March 2016 to your current New Jersey residence when you became separated from your spouse.
- 3) You testified that you kept paying your premiums for your NYSOH health coverage during 2016, even after you were no longer a New York State resident, because you lived very close to New York and would seek treatment there if you became ill.
- 4) You testified that because of your divorce and personal circumstances, you were not focused on switching your insurance coverage from a NYSOH-based coverage to the federal-based coverage since you were then living in New Jersey.
- 5) You testified, and your NYSOH account reflects, that you first contacted NYSOH to report your change of address from [REDACTED] to [REDACTED] on January 24, 2017.
- 6) Your silver-level QHP coverage was terminated effective February 28, 2017.
- 7) You testified that you have not made the premium payments for coverage either the months of January or February 2017, though were concerned about the possible impact to you.

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- 8) You testified that you were seeking for your silver-level QHP coverage to end effective December 31, 2016.

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined your enrollment in your silver-level QHP ended effective February 28, 2017.

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 moved out of New York State during March 2016 to your current New Jersey residence when you became separated from your spouse. However, your account indicates that you made no attempt to update your address to your current New Jersey address until January 24, 2017, and there is no corroborative evidence to support this contention. You testified that you did not contact NYSOH until January 24, 2017 because of your divorce and personal circumstances. You admitted that you were not focused on switching your insurance coverage from a NYSOH-based coverage to the federal-based coverage available through New Jersey since you were then living in New

Jersey, and could easily seeking out a provider by crossing the New York-New Jersey border.

Because you testified that you did not provide reasonable notice to the NYSOH or your QHP insurance carrier and you would have sought treatment in New York (presumably submitting claims to your carrier) had you needed care, your coverage cannot be terminated effective December 31, 2016. Your insurance carrier would have to agree to effectuate and earlier termination.

Therefore, NYSOH's January 25, 2017 disenrollment notice is **AFFIRMED**.

Decision

NYSOH's January 25, 2017 disenrollment notice is **AFFIRMED**.

Effective Date of this Decision: May 24, 2017

How this Decision Affects Your Eligibility

Your coverage through your silver-level QHP ended effective February 28, 2017.

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

NYSOH's January 25, 2017 disenrollment notice is AFFIRMED.

Your coverage through your silver-level QHP ended effective February 28, 2017.

Legal Authority

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

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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 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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।

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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 महत्वपूर्ण 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 ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (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)

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

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