



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

Notice of Decision

Decision Date: July 5, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016588

[REDACTED]

Dear [REDACTED],

On June 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: July 5, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000016588

[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 United Healthcare bronze level qualified health plan ended effective March 31, 2017?

Procedural History

On January 7, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective January 1, 2016.

Also on January 7, 2016, NYSOH issued a notice of enrollment stating that you were enrolled in a Medicaid Managed Care plan, effective February 1, 2016.

On October 21, 2016, NYSOH issued a renewal notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. This notice directed you to make any changes to your account between November 16, 2016 and December 15, 2016 in order for your new plan to be effective January 1, 2017.

On November 23, 2016, you updated your application for financial assistance.

On November 24, 2016, NYSOH issued a notice of eligibility determination, based on the November 23, 2016 application, stating that you were eligible to enroll in the Essential plan for a limited time, effective January 1, 2017. This

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notice also directed you to submit proof of income by February 21, 2017 in order to confirm your eligibility for financial assistance.

Also on November 24, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan would end on December 31, 2016. This was because you were no longer eligible for Medicaid.

Additionally, on November 24, 2016, NYSOH issue a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of January 1, 2017.

On January 13, 2017, you updated your application for financial assistance.

On January 14, 2017, NYSOH issued a notice of eligibility determination, based on the January 13, 2017 application, stating that you were eligible for up to \$179.00 per month in advance payments of the premium tax credit (APTC), effective February 1, 2017, and that you no longer qualified for the Essential Plan as of January 31, 2017.

Also on January 14, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan would end on January 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan.

Additionally, on January 14, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a United Healthcare bronze level qualified health plan effective February 1, 2017 and that your APTC would be applied to your monthly premium effective February 1, 2017.

On March 1, 2017, NYSOH issued a disenrollment notice indicating your enrollment in your qualified health plan would end effective March 31, 2017.

On March 3, 2017, you contacted the NYSOH Account Review Unit and appealed the date you were disenrolled from your United Healthcare bronze level qualified health plan, requesting the disenrollment be made effective February 28, 2017.

On June 19, 2017, 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 testified that you are seeking for your enrollment in your qualified health plan to be terminated as of February 1, 2017, or in the alternative, February 28, 2017.
- 2) You testified that you believe you should not have been enrolled in a qualified health plan as of February 1, 2017, because you believe you had Medicaid at that time. You explained that the only reason you signed-up for a qualified health plan was because an NYSOH representative advised you that your Medicaid was ending.
- 3) You testified that you believe you had Medicaid in February 2017 because you went to the pharmacy and provided your Medicaid insurance card to the pharmacist to fill a prescription, and the prescription went through with a \$1.00 copay.
- 4) You testified that you had no coverage outside of NYSOH in 2017.
- 5) You testified that you never had Medicaid through your local Department of Social Services. You also stated that you first had Medicaid in October 2014, and that this was through NYSOH.
- 6) Your NYSOH account reflects that your Medicaid and Medicaid Managed Care plan ended on December 31, 2016.
- 7) Your NYSOH account reflects that you were enrolled in the Essential Plan through NYSOH from January 1, 2017 through January 31, 2017.
- 8) Your NYSOH account reflects that on February 28, 2017 you contacted NYSOH to disenroll yourself from your qualified health plan through NYSOH.
- 9) You testified that you paid a premium to your qualified health plan for the months of February 2017 and March 2017.
- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls between yourself and NYSOH.
- 11) The record reflects that on January 13, 2017 you placed a phone call to NYSOH. A review of the recording of this phone call reveals that you were calling in response to a questionnaire you believe you received from NYSOH. During that phone call, you updated the income in your application and were determined eligible for APTC and ineligible for the Essential Plan. The NYSOH representative advised you that your Essential Plan would end on January 31, 2017, and that you would need to select a qualified health plan for enrollment in order to have coverage thereafter. You selected a United Healthcare bronze level qualified health

plan for enrollment at that time, this was because you wanted to remain enrolled with United Healthcare and this was the lowest cost plan available through United Healthcare.

12) The record reflects that on February 28, 2017 you placed a phone call to NYSOH. A review of the recording of this phone call reveals that you were calling to disenroll from your United Healthcare bronze level qualified health plan. You requested to be disenrolled from your qualified health plan and the NYSOH representative processed this request.

13) You testified that you did not use your United Healthcare bronze level qualified health plan at any time.

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 enrollment in your United Healthcare bronze level qualified health plan ended effective March 31, 2017.

On January 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for up to \$179.00 per month in APTC effective February 1, 2017. You subsequently enrolled into a United Healthcare bronze level qualified health plan.

On March 1, 2017, NYSOH issue a disenrollment notice indicating you would be disenrolled from your qualified health plan effective March 31, 2017.

You testified that you are seeking retroactive disenrollment from your qualified health plan effective February 1, 2017 or in the alternative February 28, 2017.

NYSOH must permit an enrollee to be retroactively disenrolled from their qualified health plan if the enrollee demonstrates that there was a technical error that should have allowed them to terminate coverage earlier, or if their enrollment in the plan was unintentional, inadvertent, or erroneous and was the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or

conducting enrollment activities, or the enrollee was enrolled into a qualified health plan without their knowledge or consent by a third party.

You testified that you believe you should not have been told you needed to enroll in a qualified health plan in order to have coverage after January 31, 2017, as you believe that you were erroneously advised that your coverage in your Medicaid was ending January 31, 2017.

However, the record reflects that your enrollment in your Medicaid and your Medicaid Managed Care plan ended on December 31, 2016. Furthermore, your enrollment in your Essential Plan ended on January 31, 2017. This was because the update to the income information in your account on January 13, 2017 resulted in you no longer being eligible to enroll in the Essential Plan.

The record further reflects that you selected the United Healthcare bronze level qualified health plan because you wanted to remain with United Healthcare and this was the cheapest United Healthcare plan available to you.

Therefore, there is no indication in the record that your enrollment in a qualified health plan as confirmed in the January 14, 2017 enrollment notice was unintentional, inadvertent, or erroneous, nor was your enrollment in a qualified health plan the result of the error or misconduct of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities. Furthermore, there is no indication that your enrollment in a qualified health plan as confirmed in the January 14, 2017 enrollment notice was without your knowledge or consent.

Therefore, there is no basis to find that NYSOH must permit you to retroactively terminate or cancel your enrollment in a qualified health plan.

The record reflects that on February 28, 2017 you contacted NYSOH and requested that you be disenrolled from your qualified health plan as you no longer wanted to remain enrolled.

Enrollees must be allowed to terminate their coverage with a qualified health plan 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.

NYSOH terminated your insurance coverage with your qualified health plan effective March 31, 2017, which is the last day of the month following your request.

Since you do not qualify to be retroactively disenrolled from your coverage and you did not provide reasonable notice to NYSOH, NYSOH properly determined

that your disenrollment in your qualified health plan was effective March 31, 2017.

Therefore, the March 1, 2017, disenrollment notice is AFFIRMED.

Decision

The March 1, 2017 disenrollment notice is AFFIRMED.

Effective Date of this Decision: July 5, 2017

How this Decision Affects Your Eligibility

This decision does not change your disenrollment date. Your enrollment in your qualified health plan ended as of March 31, 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.

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).

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 March 1, 2017 disenrollment notice is AFFIRMED.

This decision does not change your disenrollment date. Your enrollment in your qualified health plan ended as of March 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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

বাংলা (Bengali)

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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. y&b&tumi 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.

שׂוֹדִישׁ (Yiddish)

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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.

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).