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

Notice of Decision

Decision Date: September 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000019862

[redacted]

[redacted]

On September 14, 2017, you appeared by telephone at a hearing on your appeal of the termination date of your enrollment in your qualified health plan.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: September 22, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000019862

[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 qualified health plan (QHP) ended effective June 30, 2017?

Procedural History

On December 2, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to $85.00 a month in advance payments of the premium tax credit (APTC), effective January 1, 2017.

Also on December 2, 2016, NYSOH issued an enrollment notice confirming your enrollment in a CareConnect bronze level QHP with a monthly premium of $345.00, after the application of your tax credit, beginning January 1, 2017.

On May 19, 2017, you updated your NYSOH application.

On May 20, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan with a $20.00 monthly premium, effective July 1, 2017. The notice also stated that you no longer qualified for APTC as of June 30, 2017.

On June 20, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning July 1, 2017.

Also on June 20, 2017, you spoke with NYSOH's Account Review Unit and appealed the date you were disenrolled from your QHP, requesting the disenrollment be made effective May 31, 2017.

On September 14, 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 were let go from your job on or about May 17, 2017. You testified that you were not aware, prior to the day that your job ended, that your employment was being terminated.

2) You testified that, the same day you lost your job, you called your QHP, CareConnect, to cancel your insurance coverage. You testified that CareConnect told you that you needed to contact NYSOH.

3) You testified that you contacted NYSOH immediately to request the cancellation of your coverage.

4) Your NYSOH account reflects that your account was updated on May 19, 2017. In that update, you indicated that your employment ended on [redacted]

5) You testified that the NYSOH representative you spoke with informed you that you would be eligible for "low-income" health insurance, and so you updated your application and enrolled in the Essential Plan, beginning July 1, 2017.

6) You testified that you contacted CareConnect to request the termination of your coverage as of May 31, 2017, instead of June 30, 2017, and CareConnect told you that you needed to contact NYSOH.

7) You testified that you contacted NYSOH and they informed you that they could not change the termination date of your QHP coverage.

8) You testified that you are being billed by your QHP for $345.00 for the month of June 2017, and that the last bill you received was dated August 11, 2017.

9) You testified that you do not believe that you used your QHP in the month of June 2017.

10) You testified that you are seeking retroactive disenrollment from your qualified health plan effective May 31, 2017 because you are still unemployed and are struggling financially.

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 QHP with appropriate notice to NYSOH or the QHP (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)).

However, if an enrollee is determined eligible for Medicaid or the Essential Plan, such termination can go into effect on the day before the individual is determined eligible for such a plan (45 CFR § 155.430(d)(2)(iv)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a QHP 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 QHP 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 QHP 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 QHP 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 QHP ended effective June 30, 2017.

On December 1, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to $85.00 per month in APTC, effective January 1, 2017. You subsequently enrolled into a QHP.

On May 19, 2017, your NYSOH application was updated, and you were found newly eligible for the Essential Plan, effective July 1, 2017. Your enrollment in your QHP ended effective June 30, 2017.

You testified that you are seeking retroactive disenrollment from your QHP, effective May 31, 2017.

NYSOH must permit an enrollee to be retroactively disenrolled from their QHP 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 QHP without their knowledge or consent by a third party.

There is no indication in the record that your enrollment in a QHP, as confirmed in the December 2, 2016 enrollment notice, was unintentional, inadvertent, or erroneous, nor was your enrollment in a QHP 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 QHP, as

confirmed in the December 2, 2016 enrollment notice, was without your knowledge or consent.

Therefore, NYSOH is not required to retroactively terminate or cancel your enrollment in a QHP on those grounds.

The record reflects that on May 19, 2017 you contacted NYSOH and updated your NYSOH account. You testified that you called NYSOH to request that your QHP coverage be cancelled, and you found out that you were eligible for “low income” coverage (the Essential Plan). You testified that you called NYSOH as soon as you lost your job, and your NYSOH account confirms that you attested that the end date of your employment was May 18, 2017.

An enrollee who is newly eligible for Medicaid or the Essential Plan will remain enrolled in their QHP coverage until the day before their new eligibility begins.

NYSOH terminated your insurance coverage with your QHP effective June 30, 2017, which is the day before you became eligible for the Essential Plan.

Even if you had requested to cancel your coverage entirely, instead of updating your application and enrolling in the Essential Plan, your coverage would still not have ended until June 30, 2017. This is because your request to end coverage, through you made it as soon as your employment ended, was still made less than 14 days prior to May 31, 2017.

Since you do not qualify to be retroactively disenrolled from your coverage, and you became eligible for the Essential Plan as of July 1, 2017, NYSOH properly determined that your disenrollment from your QHP was effective June 30, 2017.

Decision

NYSOH’s determination that your enrollment in your QHP ended on June 30, 2017 is AFFIRMED.

Effective Date of this Decision: September 22, 2017

How this Decision Affects Your Eligibility

This decision does not change your disenrollment date. Your enrollment in your QHP ended as of June 30, 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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

NYSOH's determination that your enrollment in your QHP ended on June 30, 2017 is AFFIRMED.

This decision does not change your disenrollment date. Your enrollment in your QHP ended as of June 30, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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 مجانًا.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 کرم1-855-355-5777 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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