



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

Notice of Decision

Decision Date: August 10, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007396

[REDACTED]

Dear [REDACTED],

On August 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 5, 2015 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 10, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007396

[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 was terminated effective November 30, 2015?

Procedural History

On December 17, 2014, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were newly eligible to receive up to \$292.00 per month in advance payments of the premium tax credit (APTC), and newly eligible for cost-sharing reductions (CSR), effective January 1, 2015. You were subsequently enrolled in a health plan.

On October 26, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage. The first page of the notice stated that you needed to update your account by December 15, 2015, or you might lose the financial assistance you were currently receiving. The second page stated that you needed to update your account between November 16, 2015 and December 15, 2015 to see what you would qualify for after January 1, 2016.

The record reflects that your NYSOH account was updated on November 30, 2015.

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On December 5, 2016, NYSOH issued an eligibility determination notice in response to the November 30, 2015 application. It stated that you “remain[ed]” eligible for Medicaid, effective January 1, 2016.

Also on December 5, 2015, NYSOH issued a disenrollment notice, stating that your coverage in your silver-level qualified health plan (QHP) would end effective November 30, 2015.

On December 6, 2015, NYSOH issued a notice of enrollment confirmation stating that your enrollment in your Medicaid Managed Care (MMC) plan would begin on January 1, 2016.

On February 24, 2016 you spoke to NYSOH’s Account Review Unit and appealed the December 5, 2015 disenrollment notice, insofar as it terminated your coverage through your QHP as of November 30, 2015, and not December 31, 2015.

On August 1, 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 support the following findings of fact:

- 1) You testified that, when you went to update your account online, the information on the NYSOH website indicated that, if you updated your account after November 15, 2015, your new insurance would not start until January 1, 2016.
- 2) You testified that you waited to update your NYSOH account until the end of November 2015 so that your new eligibility would not start until January 1, 2016, as you wanted your current coverage to continue for the month of December 2015.
- 3) The record reflects that you updated your NYSOH account on November 30, 2015.
- 4) You testified that, when you did update your NYSOH account, the information on the screen indicated that your new coverage would begin as of January 1, 2016.
- 5) NYSOH issued an eligibility determination based on your November 30, 2015 application stating that your Medicaid coverage would start on January 1, 2016.

- 6) The record is void of any eligibility determination notice stating that your Medicaid started before January 1, 2016.
- 7) You testified that you paid your QHP premium (the amount after the application of your tax credit) for December 2015. You testified that you were enrolled in auto-pay for your premiums, and the payment was probably made around November 24 or 25, 2015.
- 8) You testified that your health plan still has your premium payment, as you asked them to keep it pending the outcome of your appeal.
- 9) You testified that you went to your doctor on December 8, 2015, and that you had a \$600.00 bill for that appointment.
- 10) You testified that you did not realize you had been disenrolled from your QHP until after you went to the doctor, when you happened to see an email from NYSOH regarding the disenrollment notice.
- 11) You testified that you are seeking reinstatement in your QHP, with the application of your APTC and CSR, for the month of December 2015.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45

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CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here.

Termination of Enrollment

NYSOH may initiate the termination of coverage in an qualified health plan for multiple reasons, including when an individual is no longer eligible for such coverage (45 CFR § 155.430(b)(2)(i)). When coverage is terminated for this reason, the last day of enrollment in the QHP through NYSOH is the last day of eligibility (45 CFR § 155.430(d)(3)).

Legal Analysis

The issue under review is whether NYSOH properly terminated your enrollment in your QHP, effective November 30, 2015.

NYSOH must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

On October 26, 2015, NYSOH issued an annual renewal notice in your case. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether or not you qualify for financial help with paying for your health coverage. You were asked to update the information in your account by December 15, 2015, or the financial help you were receiving might end.

You testified that when you went online to renew your account for 2016, there was information on the NYSOH website indicating that, if you renewed after November 15, 2015, your new eligibility would not take effect until January 1, 2016. You testified that you waited until the end of November 2015 to update your account so that your eligibility would not change for December 2015. The record reflects that you updated your account on November 30, 2015, and that you were found eligible for Medicaid. You testified that after you finished updating your NYSOH account, the screen showed that your new coverage would not start until January 1, 2016, and the record reflects that your Medicaid coverage began on that date.

The October 26, 2015 renewal notice advised you that you should update your account between November 16, 2015 and December 15, 2015 in order to have your eligibility for 2016 determined, and accordingly, you updated your account on November 30, 2015. You updated your account within the requisite renewal

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timeframe, and your testimony confirms that your reason for updating your account on November 30, 2015 was to renew your eligibility for 2016. You did not apply for a redetermination for the remainder of 2015, and your enrollment in your Medicaid coverage was not made effective until January 1, 2016.

Therefore, it was improper for NYSOH to discontinue your QHP and the application of your APTC as of November 30, 2015, and to leave you with no coverage for the month of December 2015. As your new coverage did not begin until January 1, 2016, your enrollment in your QHP, along with the application of your APTC and CSR, should have continued until December 31, 2015 so that you had no gap in coverage.

Therefore, the December 5, 2015 disenrollment notice is MODIFIED to state that your enrollment in your silver-level QHP terminated effective December 31, 2015.

Your case is RETURNED to NYSOH to facilitate your re-enrollment in your silver-level QHP, with the application your APTC and CSR, for the month of December 2015.

Decision

The December 5, 2015 disenrollment notice is MODIFIED to state that your enrollment in your silver-level QHP terminated effective December 31, 2015.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your silver-level QHP, with the application of your APTC and CSR, for the month of December 2015.

Effective Date of this Decision: August 10, 2016

How this Decision Affects Your Eligibility

Your enrollment in your QHP should have ended as of December 31, 2015.

Your case is being sent back to NYSOH to re-enroll you in your QHP for the month of December 2015, and to ensure that your APTC and CSR are applied for that month.

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 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 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

Summary

The December 5, 2015 disenrollment notice is MODIFIED to state that your enrollment in your silver-level QHP terminated effective December 31, 2015.

Your case is RETURNED to NYSOH to facilitate your re-enrollment into your silver-level QHP, with the application of your APTC and CSR, for the month of December 2015.

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Your enrollment in your QHP should have ended as of December 31, 2015.

Your case is being sent back to NYSOH to re-enroll you in your QHP for the month of December 2015, and to ensure that your APTC and CSR are applied for that month.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

