



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

## Notice of Decision

Decision Date: October 6, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007913

[REDACTED]

Dear [REDACTED],

On September 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 24, 2015 enrollment and January 5, 2016 disenrollment notices.

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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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: October 6, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007913



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did New York State of Health (NYSOH) properly re-enrolled you in a qualified health plan effective January 1, 2016 and subsequently disenroll you from that qualified health plan effective January 31, 2016?

## Procedural History

On October 22, 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 qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

On December 24, 2015, NYSOH issued a disenrollment notice stating that your MVP Premier Plus HDHP Silver 3 Silver NS INN Dep25 Acupuncture Home Health Care Wellness Drugs Wellness (MVP Premier Silver) would end December 31, 2015. If you selected a new plan for your upcoming year, another notice would be sent with your coverage information.

Also on December 24, 2015, NYSOH issued an enrollment notice stating that you were enrolled in a MVP Premier Silver health plan with a plan enrollment start date of January 1, 2016.

On January 4, 2016, your NYSOH account was updated.

On January 5, 2016, NYSOH issued three notices:

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- (a) An eligibility determination notice stating that you were eligible for Medicaid, effective January 1, 2016.
- (b) An enrollment notice confirming that as of January 4, 2016, you were enrolled in a Medicaid (CDPHP) health plan with a plan enrollment start date of February 1, 2016.
- (c) A disenrollment notice stating that your request to end your insurance coverage with MVP Healthcare was received on January 4, 2016 and your coverage will end effective January 31, 2016.

On March 14, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the disenrollment date of your qualified health plan.

On September 1, 2016, 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 hearing.

## **Findings of Fact**

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

- 1) You were enrolled in a MVP Premier Silver health plan through NYSOH in 2015.
- 2) On October 22, 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 qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving ( [REDACTED] ).
- 3) According to your NYSOH account, an eligibility determination notice find you eligible to enroll in a qualified health plan was never issued for 2016.
- 4) On December 24, 2015, NYSOH issued a disenrollment notice stating that your MVP Premier Plus HDHP Silver 3 Silver NS INN Dep25 Acupuncture Home Health Care Wellness Drugs Wellness (MVP Premier Silver) would end December 31, 2015. If you selected a new plan for your upcoming year, another notice would be sent with your coverage information ( [REDACTED] ).

- 5) Also on December 24, 2015, NYSOH issued an enrollment notice stating that you were enrolled in a MVP Premier Silver health plan with a plan enrollment start date of January 1, 2016 ( [REDACTED] ).
- 6) You testified that \$442.99 was automatically withdrawn from your bank account by MVP to pay for the January 2016 health insurance premium.
- 7) On January 4, 2016, you contacted NYSOH and terminated your MVP Premier Silver health insurance coverage.
- 8) On January 5, 2016, NYSOH issued a disenrollment notice stating that your request to end your insurance coverage with MVP Premier Silver was received on January 4, 2016, and your coverage will end effective January 31, 2016 ( [REDACTED] ).
- 9) You testified that you want your MVP Premier Silver health plan to end effective December 31, 2016, and be reimbursed for the January 2016 health insurance premium.

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)).

The NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming 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 information provided in the annual renewal notice (45 CFR § 155.335(g), (h)).

NYSOH must provide timely written notice to an applicant of the eligibility determination result of their redetermination (45 CFR § 155.335(h)(ii); 45 CFR § 155.310(g)).

### Automatic Re-enrollment in QHP

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).

If an enrollee remains eligible for enrollment in a QHP upon an annual redetermination and the QHP in which they are enrolled in remains available through NYSOH, such enrollee will have their enrollment through the QHP renewed, unless the enrollee terminates their coverage or selects a different QHP (45 CFR § 155.335(j)(1)).

## **Legal Analysis**

The issue under review is whether NYSOH properly re-enrolled you in a qualified health plan effective January 1, 2016 and subsequently disenrolled you from that qualified health plan effective January 31, 2016.

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 information it used to determine an individual's eligibility.

On October 22, 2015, NYSOH issued a notice stating that, based on information from federal and state sources, NYSOH could not make a decision about whether you qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2015 or you might lose the financial assistance you were currently receiving.

If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information provided in the annual renewal notice.

The October 22, 2015 renewal notice does not contain an eligibility determination, and a subsequent eligibility determination notice finding you only eligible to enroll in a QHP cannot be found in the record.

NYSOH must provide timely written notice to an applicant of the eligibility determination result of their redetermination. Since the record does not contain an eligibility determination notice, NYSOH failed to provide you with proper notice of your eligibility for 2016.

If an enrollee remains eligible for enrollment in a QHP through NYSOH upon an annual redetermination and the QHP in which they are enrolled in remains available through NYSOH, such enrollee will have their enrollment through the QHP renewed, unless the enrollee terminates their coverage or selects a different QHP.

An individual enrollment in a QHP can be automatically renewed if the individual is found eligible to enroll in a QHP. Since NYSOH never issued an eligibility

determination to that effect, NYSOH improperly re-enrolled you in a QHP, effective January 1, 2016.

Therefore, the December 24, 2015 enrollment notice confirming that you were enrolled in MVP Premier Silver with a plan enrollment start date of January 1, 2016 is RESCINDED.

The January 5, 2016 NYSOH disenrollment notice is MODIFIED to state that your insurance coverage with MVP Health Care ended effective December 31, 2015.

## **Decision**

The December 24, 2015, enrollment notice confirming that you were enrolled in MVP Premier Silver with a plan enrollment start date of January 1, 2016 is RESCINDED.

The January 5, 2016, NYSOH disenrollment notice is MODIFIED to state that your insurance coverage with MVP Health Care ended effective December 31, 2015.

**Effective Date of this Decision:** October 6, 2016

## **How this Decision Affects Your Eligibility**

Your MVP Premier Plus HDHP Silver 3 NS INN Dep25 health plan ended effective December 31, 2015.

## **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 after the date 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 date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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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 24, 2015, enrollment notice confirming that you were enrolled in MVP Premier Silver with a plan enrollment start date of January 1, 2016 is RESCINDED.

The January 5, 2016, NYSOH disenrollment notice is MODIFIED to state that your insurance coverage with MVP Health Care ended effective December 31, 2015.

Your MVP Premier Plus HDHP Silver 3 NS INN Dep25 health plan ended effective December 31, 2015.

### **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

