



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

## Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010208

[REDACTED]

[REDACTED]

On December 21, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 2016 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).

This page intentionally left blank.



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

## Decision

Decision Date: January 17, 2017

NY State of Health Account ID [REDACTED]  
Appeal Identification Number: AP000000010208

[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 Essential Plan ended effective May 31, 2016?

## Procedural History

On January 14, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective February 1, 2016.

On February 4, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of February 3, 2016. This notice stated that your coverage under that Essential Plan would begin effective March 1, 2016.

On April 28, 2016, NYSOH received three updates to your application for health insurance, with incomes listed as \$14,400.00, \$14,490.00, and \$14,406.00.

On April 28, 2016, NYSOH received a screenshot of unemployment benefits received between June 21, 2015 and April 10, 2016; your name is not visible on the screenshot.

On April 29, 2016, NYSOH issued a notice stating that you might be eligible for health insurance; however, more information was needed for NYSOH to issue a determination. You were directed to provide additional documentation by May 14, 2016 to prove your income level so that the information provided in your application could be confirmed as accurate.

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).

Also on April 29, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan coverage would end effective May 31, 2016.

On May 3, 2016, NYSOH received several earnings statements issued to you by your employer, [REDACTED], between April 15, 2016 and April 29, 2016.

On May 24, 2016, NYSOH received (1) a letter issued by [REDACTED], dated May 24, 2016, stating that your most recent date of employment with [REDACTED] was March 9, 2016, (2) an earning statement issued to you by [REDACTED] on March 25, 2016, and (3) a screenshot of your unemployment benefits determination reflecting your award of \$425.00 per week.

On May 26, 2016, NYSOH redetermined your eligibility based on the information contained in your account as of May 3, 2016.

On May 27, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective June 1, 2016.

On June 10, 2016, you contacted the NYSOH Account Review Unit and appealed the date you were disenrolled from your Essential Plan, requesting the disenrollment be made effective June 30, 2016, rather than May 31, 2016.

On December 21, 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 proceeding.

## **Findings of Fact**

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

- 1) The record reflects that you were enrolled in an Essential Plan through NYSOH and that your coverage was effective as of March 1, 2016. The record further reflects that your Essential Plan premium as of March 1, 2016 was \$0.00 per month.
- 2) The record indicates that you updated your application on April 28, 2016. As a result of this application, you were disenrolled from the Essential Plan, effective May 31, 2016.
- 3) You were subsequently found eligible for Medicaid fee-for-service coverage effective June 1, 2016.

- 4) You testified that you elected to receive all NYSOH notices through regular U.S. mail, and have never opted to receive e-mail alerts to receive notices.
- 5) You testified that you learned in June 2016, when you went to get a prescription filled, that you did not have Essential Plan coverage anymore. You further testified that, without your knowledge, your Essential Plan coverage had lapsed, but because you had visited your [REDACTED] doctor and allergist that month, you incurred medical care costs without the benefit of insurance those doctors had accepted.
- 6) You testified that you contacted the Essential Plan insurance carrier and they confirmed you no longer had no insurance as of May 31, 2016.
- 7) You testified that you did not receive a disenrollment notice by either regular U.S. mail or e-mail alert.
- 8) You testified that your address was correct in your account and has always been the same.
- 9) There is no indication in your account that any notices have been returned as undeliverable.
- 10) You testified that you are seeking a disenrollment date of June 30, 2016 for your Essential Plan because you incurred out-of-pocket expenses as a result of having been disenrolled from your Essential Plan as of May 31, 2016.

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

## **Applicable Law and Regulations**

If an enrollee currently enrolled in the Essential plan becomes eligible for Medicaid, the last day of coverage in the Essential Plan is the day before the Medicaid coverage begins (45 CFR § 155.430(d)(2)(iv)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan ended effective May 31, 2016.

The record reflects that on April 28, 2016, you updated your account to reflect your income from [REDACTED] and your variable unemployment benefits. On April 29, 2016, NYSOH issued a notice requesting income documentation by May 14, 2016 to confirm the information contained in your account was accurate.

It also issued a disenrollment notice stating that your Essential Plan coverage would end effective May 31, 2016.

Because your income had decreased as of April 28, 2016, you became eligible for Medicaid. You did not state that this new income was incorrect.

You were subsequently enrolled in Medicaid fee-for-service coverage effective June 1, 2016.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your disenrollment from the Essential Plan as of May 31, 2016 and new eligibility determination reflecting that your Medicaid fee-for-service coverage would begin effective June 1, 2016.

You were no longer eligible to remain in the Essential Plan and your enrollment properly ended.

Therefore, the April 29, 2016 disenrollment notice is AFFIRMED.

## **Decision**

The April 29, 2016 disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** January 17, 2017

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

Your eligibility had not changed.

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).

Your Essential Plan coverage remained in effect until May 31, 2016.

Your Medicaid fee-for-service coverage began as of June 1, 2016.

### **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 April 29, 2016 disenrollment notice is **AFFIRMED**.

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).

Your eligibility had not changed.

Your Essential Plan coverage remained in effect until May 31, 2016.

Your Medicaid fee-for-service coverage began as of June 1, 2016.

### **Legal Authority**

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



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

