



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

Notice of Decision

Decision Date: January 26, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010712

[REDACTED]

Dear [REDACTED],

On December 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 24, 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).

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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010712



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 you and your child's enrollment in your qualified health plan (QHP) ended effective July 31, 2016?

Procedural History

On November 25, 2015, NYSOH issued an enrollment notice confirming that as of November 18, 2015, you and your child were enrolled in a QHP, with a plan enrollment start date of January 1, 2016.

On June 22, 2016, your NYSOH account was updated.

On June 24, 2016, NYSOH issued three notices:

- (a) An eligibility redetermination notice stating that on June 22, 2016, you and your child were eligible for Medicaid effective as of June 1, 2016;
- (b) An enrollment notice confirming that as of June 22, 2016, you and your child were enrolled in a Medicaid Managed Care (MMC) plan, with a plan enrollment start date of August 1, 2016.
- (c) A disenrollment notice stating that you requested to end your and your child's QHP coverage and the insurance coverage would end July 31, 2016.

On July 6, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the end date of your and your child's QHP coverage.

On December 22, 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 proceeding. The record is now complete and closed.

Findings of Fact

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

- 1) You and your child were enrolled in a QHP, through BlueCross BlueShield of Western New York, effective January 1, 2016.
- 2) You testified you paid the June 2016 health insurance premium, in the amount of \$597.79, in May 2016.
- 3) According to your NYSOH account, you and your child were determined eligible for Medicaid on June 22, 2016.
- 4) According to your NYSOH account, you terminated your and your child's QHP coverage on June 22, 2016.
- 5) You testified that you and your child did not use the QHP coverage in June 2016.
- 6) You testified you are seeking to be reimbursed for the June 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

Termination Effective Date of QHP

NYSOH must permit an enrollee to terminate their coverage with a qualified health plan, including when an enrollee obtains minimum essential coverage (45 CFR §155.430(b)(1)(i)).

If an enrollee is newly eligible for Medicaid, Child Health Plus or the Essential Plan, the last day of enrollment in the QHP is the day before the individual is determined eligible for Medicaid, Child Health Plus, or the Essential Plan (45 CFR §155.430(d)(2)(iv)).

Legal Analysis

The issue under review is whether NYSOH properly determined that the end date of your and your child's QHP coverage was July 31, 2016.

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The record reflects that you and your child were enrolled in a QHP as of January 1, 2016. On June 22, 2016, the information in your NYSOH account was updated. On that date you and your child were determined eligible for Medicaid, and you requested to terminate your QHP coverage.

NYSOH must permit an enrollee to terminate their QHP coverage with appropriate notice to NYSOH. If the enrollee is newly eligible for Medicaid, the last day of coverage through their QHP is the day before they were determined eligible for Medicaid.

You and your child were found eligible for Medicaid on June 22, 2016. Therefore, the last day of enrollment of your and your child's QHP coverage should be June 21, 2016.

Federal regulation that governs the transition of a newly eligible person from a QHP to Medicaid does not provide any authority for full or partial reimbursement of premiums for any period during which coverage under the two systems may have overlapped.

Therefore, the June 24, 2016 disenrollment notice is MODIFIED to state that your and your child's QHP coverage would end June 30, 2016.

Decision

The June 24, 2016 disenrollment notice is MODIFIED to state that your and your child's QHP coverage would end June 30, 2016.

You are not eligible to be reimbursed for premium amount you paid for QHP coverage for June 2016.

Effective Date of this Decision: January 26, 2017

How this Decision Affects Your Eligibility

Your and your child's QHP coverage ended effective June 30, 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

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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:
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- By fax: 1-855-900-5557

Summary

The June 24, 2016, disenrollment notice is MODIFIED to state that your and your child's QHP coverage would end June 30, 2016.

You are not eligible to be reimbursed for premium amount you paid for QHP coverage for June 2016.

Your and your child's QHP coverage ended effective June 30, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

