



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

Notice of Decision

Decision Date: February 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011257

[REDACTED]

Dear [REDACTED],

On January 12, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 20, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: February 1, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011257



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 the qualified health plans you and your spouse were enrolled in were terminated effective August 31, 2016?

Procedural History

On June 28, 2016, NYSOH issued an eligibility determination notice stating you and your spouse were conditionally eligible to receive Advance Premium Tax Credits of up to \$292.00 monthly to help pay for the cost of health coverage, effective August 1, 2016. The notice directed you to provide proof of you and your spouse's income by September 25, 2016.

On July 7, 2016, NYSOH issued an enrollment confirmation notice stating you and your spouse were enrolled in qualified health plans with a \$356.90 monthly premium, effective August 1, 2016.

On July 19, 2016, you updated your income information in your NYSOH account. NYSOH determined that additional information was required to confirm eligibility and you were directed you to submit documentation establishing income for you and your spouse by August 3, 2016.

On July 20, 2016, NYSOH issued a notice of dis-enrollment stating that the qualified health plans you and your spouse were enrolled in were terminated, effective August 31, 2016.

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On July 21, 2016, you uploaded income documentation for you and your spouse that was verified by NYSOH on July 26, 2016.

On July 28, 2016, NYSOH issued an eligibility determination notice, based on your July 27, 2016 updated application, stating that you and your spouse were eligible for Medicaid, effective July 1, 2016.

On July 29, 2016, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in Medicaid Managed Care plans, effective September 1, 2016.

On August 3, 2016, you contacted the NYSOH Account Review Unit and appealed the date you and your spouse were dis-enrolled from your qualified health plans, requesting the disenrollment be made effective August 1, 2016.

On January 12, 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) The record reflects that you updated your application for health coverage through NYSOH on June 27, 2016 wherein you and your spouse were found eligible for APTC in the amount of \$292.00 monthly.
- 2) You and your spouse were enrolled in qualified health plans with a monthly premium of \$356.90, effective August 1, 2016.
- 3) You testified that in mid-July 2016, you paid the premium for the month of August.
- 4) The record indicates that you updated your application on July 19, 2016, decreasing the attested income amount for you and your spouse. NYSOH was unable to make a determination on this application and requested proof of income by August 3, 2016.
- 5) The record reflects that the "system" deleted the qualified health plan enrollments for you and your spouse on July 19, 2016, which was effective August 31, 2016.
- 6) On July 21, 2016, you uploaded, to your NYSOH account, Official Records of Benefit Payment History indicating the amount of Unemployment

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Insurance Benefits you and your spouse were receiving. You also uploaded a letter from your spouse's former employer indicating that her last date of employment was June 24, 2016.

- 7) This documentation was verified by NYSOH on July 26, 2016.
- 8) The "system" updated your application using the income amount calculated from the income documentation submitted, and you and your spouse were determined eligible for Medicaid on July 27, 2016, with an effective date of July 1, 2016.
- 9) You testified that you are seeking an earlier disenrollment date because you and your spouse were found eligible for Medicaid as of July 1, 2016 and your qualified health plans did not begin until August 1, 2016.
- 10) You testified you and your spouse did not use your insurance through your qualified health plans during the month of August 2016.

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 qualified health plan coverage, with appropriate notice to the NYSOH or qualified health plan (45 CFR § 155.430(b)(1)(i)).

If an enrollee is newly eligible for Medicaid, the last day of coverage for the qualified health plan is the day before the Medicaid coverage begins (45 CFR § 155.430(d)(2)(iv)).

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

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(45 CFR § 155.430(d)(2)(i)-(iii)).

NYSOH must permit an enrollee to retroactively terminate or cancel their enrollment in a qualified health plan 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 qualified health plan 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 qualified health plan 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 qualified health plan 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 the qualified health plans you and your spouse were enrolled in were terminated effective August 31, 2016.

On June 28, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were conditionally eligible to enroll in qualified health plans with APTC of up to \$292.00 monthly, effective August 1, 2016. You and your spouse subsequently enrolled into qualified health plans that began August 1, 2016.

On July 19, 2016, you updated your application by decreasing your attested household income. NYSOH was unable to make a determination on this application and requested proof of income by August 3, 2016. As a result of this

pending application, the record reflects that the “system” deleted the qualified health plan enrollments for you and your spouse effective August 31, 2016.

On July 26, 2016, NYSOH verified income documentation you uploaded to your account and, as a result, on July 27, 2016, you and your spouse were determined eligible for Medicaid with an effective date of July 1, 2016.

You testified that you are seeking an earlier disenrollment date because you and your spouse were determined eligible for Medicaid as of July 1, 2016 which was prior to the August 1, 2016 start of your qualified health plans. You testified that you paid the August 2016 premium for the qualified health plans prior to receiving notice that you and your spouse were eligible for Medicaid.

If an enrollee is newly eligible for Medicaid, the last day of coverage through their qualified health plan is the day before the Medicaid coverage begins.

Since you and your spouse were determined newly eligible for Medicaid on July 27, 2016, you and your spouse’s qualified health plans should have terminated at the end of the calendar month in which you became eligible for Medicaid; that is, July 31, 2016.

Therefore, the July 20, 2016 dis-enrollment notice issued by NYSOH stating that you and your spouse were dis-enrolled from your qualified health plans as of August 31, 2016 is MODIFIED to reflect a July 31, 2016 coverage end date.

Your case is RETURNED to NYSOH to terminate your and your spouse’s qualified health plan for the month of August 2016.

Decision

The July 20, 2016 disenrollment notice is MODIFIED to reflect a July 31, 2016 coverage end date.

Your case is RETURNED to NYSOH to terminate your and your spouse’s qualified health plan for the month of August 2016.

Effective Date of this Decision: February 1, 2017

How this Decision Affects Your Eligibility

The qualified health plans you and your spouse enrolled in are terminated as of July 31, 2016.

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 case is being sent back to NYSOH to ensure the qualified health plans you and your spouse enrolled in are terminated as of July 31, 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
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- By fax: 1-855-900-5557

Summary

The July 20, 2016 disenrollment notice is MODIFIED to reflect a July 31, 2016 coverage end date.

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The qualified health plans you and your spouse enrolled in are terminated as of July 31, 2016.

Your case is RETURNED to NYSOH to ensure the qualified health plans you and your spouse enrolled in are terminated as of July 31, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

