



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

Notice of Decision

Decision Date: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020721

[REDACTED]

Dear [REDACTED],

On October 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 18, 2017 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: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020721

[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 you and your spouse's qualified health plan (QHP) enrollment ended on August 31, 2017?

Whether you and your spouse are eligible to be reimbursed for the August 2017 health insurance premium that was paid to the health insurance company?

Procedural History

On July 13, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for a tax credit up to \$496.00 per month, effective August 1, 2017.

Also on July 13, 2017, NYSOH issued a plan enrollment notice confirming that, as of July 12, 2017, you and your spouse were enrolled in a QHP with an enrollment start date of August 1, 2017.

On July 17, 2017, your NYSOH account was updated.

On July 18, 2017, NYSOH issued a notice stating that your application for health insurance was reviewed; however, the income information in your application did not match what NYSOH received from state and federal data sources. The notice

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directed you to submit income documentation by August 1, 2017, to confirm your eligibility.

Also on July 18, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's QHP would end on August 31, 2017, because you were no longer eligible to enroll in a QHP.

On July 19, 2017, your NYSOH account was updated.

On July 20, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid, effective July 1, 2017.

On July 21, 2017, NYSOH issued a plan enrollment notice confirming that, as of July 20, 2017, you and your spouse were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of September 1, 2017.

Also on July 21, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the end date of your and your spouse's QHP coverage.

On October 10, 2017, 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.

Findings of Fact

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

- 1) According to your NYSOH account, you and your spouse were enrolled in a QHP with Healthfirst and with an enrollment start date of August 1, 2017.
- 2) You testified you paid the August 2017 health insurance premium to Healthfirst.
- 3) According to your NYSOH account, you and your spouse were determined eligible for Medicaid on July 20, 2017.
- 4) According to your NYSOH account, your and your spouse's QHP coverage was ended as of August 31, 2017.
- 5) You testified you are seeking to be reimbursed for the August 2017 health insurance premium.

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

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Applicable Law and Regulations

Termination of QHP – Effective Date

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)).

Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Legal Analysis

The issue under review is whether NYSOH properly ended your and your spouse's QHP coverage as of August 31, 2017.

The record reflects that you and your spouse were enrolled in a QHP with an enrollment start date of August 1, 2017. On July 17, 2017, and July 19, 2017, the information in your NYSOH account was updated. On July 20, 2017, you and your spouse were determined eligible for Medicaid.

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.

The record reflects that you and your spouse were determined eligible for Medicaid on July 20, 2017. Therefore, your and your spouse's QHP coverage should have ended as of July 19, 2017.

The 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

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reimbursement of premiums for any period during which coverage under the two systems may have overlapped.

The July 18, 2017 disenrollment notice is MODIFIED to state that your and your spouse's QHP coverage ended on July 31, 2017.

The second issue under review is whether you and your spouse are eligible to be reimbursed for the August 2017 health insurance premium that was paid to the health insurance company.

You testified you paid the health plan of the August 2017 premium and want to be reimbursed for that payment.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

The Appeals Unit does not have the authority to review whether an individual should be reimbursed for a premium paid to a health plan. We cannot reach the merits as to whether you are entitled to be reimbursed for that payment. Therefore, your request for reimbursement for the amount paid to the health insurance company for your coverage during the month of August 2017 is DISMISSED as a non-appealable issue.

Healthfirst may be able to help you with your request for reimbursement. If you have not already been assisted by them, please contact 888-250-2220.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Decision

The July 18, 2017 disenrollment notice is MODIFIED to state that your and your spouse's QHP coverage ended on July 31, 2017.

Your request for reimbursement for the amount paid to the health insurance company for your and your spouse's coverage during the month of August 2017 is DISMISSED as a non-appealable issue.

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).

Effective Date of this Decision: October 13, 2017

How this Decision Affects Your Eligibility

Your and your spouse's QHP coverage ended as of July 31, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 18, 2017, disenrollment notice is MODIFIED to state that your and your spouse's QHP coverage ended on July 31, 2017.

Your request for reimbursement for the amount paid to the health insurance company for your and your spouse's coverage during the month of August 2017 is DISMISSED as a non-appealable issue.

Your and your spouse's QHP coverage ended as of July 31, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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