



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

Notice of Decision

Decision Date: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028171

[REDACTED]

[REDACTED]

On April 24, 2018, you and your ex-wife, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2017 enrollment and January 3, 2018 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028171

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your child was enrolled in a qualified health plan (QHP) with an enrollment start date of January 1, 2018?

Did NYSOH properly determine that your child's QHP coverage would end as of January 31, 2018?

Procedural History

On November 19, 2016, NYSOH issued a plan enrollment notice confirming that as of November 18, 2016, your child was enrolled in a QHP with an enrollment start date of January 1, 2017.

On October 17, 2017, NYSOH issued a notice that it was time to renew your child's health insurance for the upcoming coverage year. That notice stated that your child's health insurance had not changed, and that your child would be reenrolled in the same QHP.

On November 17, 2017, NYSOH issued a plan enrollment notice confirming that as of November 16, 2017, your child was enrolled in a QHP with an enrollment start date of January 1, 2018.

On January 2, 2018, your account [REDACTED] was updated, and your child was removed from the account.

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On January 3, 2018, NYSOH issued a disenrollment notice stating that your child's QHP would end on January 31, 2018, because they were no longer eligible to enroll in that plan.

On January 4, 2018, your child was added to another account [REDACTED] in your ex-spouse's name and an application for financial assistance was submitted on their behalf.

On January 5, 2018, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid effective as of January 1, 2018.

Also on January 5, 2018, NYSOH issued a plan enrollment notice confirming that as of January 4, 2018, that your child was enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of February 1, 2018.

On January 31, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the January 31, 2018 termination date of your child's QHP.

On April 24, 2018, you and your ex-wife, [REDACTED], had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was fully developed. The record was 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 accounts, your child was born on [REDACTED]
- 2) According to your account [REDACTED], your child was enrolled in a platinum-level QHP from January 1, 2017, through December 31, 2017.
- 3) You testified that you receive notices from NYSOH by regular mail.
- 4) According to that same account ([REDACTED]) your child was reenrolled in the same platinum-level QHP as of January 1, 2018.
- 5) According to that same account [REDACTED], on January 2, 2018, your child was removed from that account.
- 6) According to your account [REDACTED] your child's QHP coverage ended as of January 31, 2018.

- 7) You testified that you are seeking reimbursed for your child's portion of the January 2018 health insurance premium.
- 8) According to the account [REDACTED] in your ex-spouse's name, on January 4, 2018, your child was added to the account and a financial assistance application was submitted on their behalf.
- 9) According to that account [REDACTED] your child was determined eligible for Medicaid as of January 1, 2018.

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)).

NYSOH must send an annual renewal notice that contains the information by which NYSOH will use to redetermine a qualified individual's projected eligibility for that 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 and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

Annual Re-enrollment into a Qualified Health Plan

If an enrollee remains eligible for enrollment in a qualified health plan as part of the annual eligibility redetermination and the plan in which they are enrolled remains available through NYSOH for renewal, such enrollee will have his or her enrollment through the qualified health plan renewed, unless an enrollee voluntarily terminates coverage (45 CFR § 155.335(j)(1)).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly enrolled your child in a QHP with an enrollment start date of January 1, 2018.

The record reflects your child was enrolled in a platinum-level QHP from January 1, 2017, through December 31, 2017.

NYSOH must annually redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance. NYSOH must issue a renewal notice that contains the individual's projected eligibility. If an individual does not respond to this notice, NYSOH must issue an eligibility determination for the upcoming coverage year based on the information contained in the renewal notice.

If at the time of the annual renewal an enrollee remains eligible for enrollment in a QHP and the plan in which they were enrolled in remains available, the enrollee will have their enrollment renewed.

On October 17, 2017, NYSOH issued a notice that it was time to renew your child's health insurance for the upcoming coverage year. That notice stated that your child's health insurance had not changed, and that your child would be reenrolled in the same QHP.

The record reflects that on January 1, 2018, NYSOH reenrolled your child in the same QHP that they were enrolled in during 2017. Since your child was eligible to enroll in a QHP in 2018, and the QHP in which they were enrolled in during 2017 was still available, NYSOH was required to reenroll your child in the platinum-level QHP as of January 1, 2018.

Therefore, the November 17, 2017 plan enrollment notice is **AFFIRMED**.

The second issue under review is whether NYSOH properly ended your child's QHP coverage as of January 31, 2018.

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).

The record reflects that on January 2, 2018, your child was removed you're your account ([REDACTED]). Further, on January 4, 2018, your child was added to your ex-spouse's account [REDACTED]), and a financial assistance application was submitted on their behalf. Based on that application, your child was determined eligible for Medicaid as of January 1, 2018.

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 your child was determined eligible for Medicaid on January 4, 2018. Therefore, your child's QHP coverage should have ended as of January 3, 2018. You testified that you are seeking reimbursed for your child's portion of the January 2018 health insurance premium.

The federal regulations that governs the transition of a newly eligible person from a QHP to Medicaid do 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 January 3, 2018, disenrollment notice is AFFIRMED.

Decision

The November 17, 2017 plan enrollment notice is AFFIRMED.

The January 3, 2018, disenrollment notice is AFFIRMED.

Effective Date of this Decision: April 30, 2018

How this Decision Affects Your Eligibility

Your child was properly enrolled in a platinum-level QHP from January 1, 2018 through January 31, 2018.

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.

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).

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.

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

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Summary

The November 17, 2017 plan enrollment notice is AFFIRMED.

The January 3, 2018, disenrollment notice is AFFIRMED.

Your child was properly enrolled in a platinum-level QHP from January 1, 2018 through January 31, 2018.

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

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 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 مجانًا.

বাংলা (Bengali)

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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।

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 b etumi ama wo obi a okyer e 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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