



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

## Notice of Decision

Decision Date: October 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003027



Dear [REDACTED],

On July 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 3, 2015 eligibility determination and May 4, 2015 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

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

Decision Date: October 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003027



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace effective May 31, 2015?

Did the Marketplace properly disenroll you from Health Insurance Plan of Greater New York effective May 31, 2015?

## Procedural History

On January 22, 2015, the Marketplace issued an eligibility determination notice that you were conditionally eligible for Medicaid. However, to confirm your incarceration status, you were directed to provide documentation before April 23, 2015.

On the same day the Marketplace issued an enrollment notice confirming that you were enrolled in Health Insurance Plan of Greater New York and will begin March 1, 2015.

On May 3, 2015, the Marketplace issued an eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status. You were determined not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace.

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On May 4, 2015, the Marketplace issued a disenrollment notice stating your Health Insurance Plan of Greater New York coverage will end effective May 31, 2015.

On May 9, 2015 you sent an appeal request to the Marketplace appealing the discontinuance of your Medicaid plan.

On July 23, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open to allow you to submit additional documentation.

On July 24, 2015 you submitted a one-page fax to the Marketplace Appeals Unit. The documentation was been marked as "Appellant Exhibit A" and has been made part of the record. The record is now closed.

## **Findings of Fact**

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

1. You are applying for health insurance through the Marketplace for yourself.
2. On September 18, 2014, you uploaded mail sent to your current address on August 27, 2014, from the NYS Division of Criminal Justice Services.
3. On January 22, 2015, the Marketplace issued an eligibility determination notice that you were conditionally eligible for Medicaid. However, to confirm your incarceration status, you were directed to provide documentation before April 23, 2015.
4. On January 22, 2015, the Marketplace issued an enrollment notice confirming that you were enrolled in Health Insurance Plan of Greater New York effective March 1, 2015.
5. On July 24, 2015, you submitted a notice to your current address from the State of New York Department of Motor Vehicles.
6. According to your appeal request, you have not been incarcerated since July 2014.
7. You testified that you have outstanding medical bills from July 2015.

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

## **Applicable Law and Regulations**

### QHP Eligibility

In order to be eligible for enrollment in a qualified health plan (QHP) through the Marketplace, the applicant must not be incarcerated, "other than incarceration pending the disposition of charges" (45 CFR § 155.305(a)(2)).

The Marketplace must verify an applicant's eligibility to enroll in a QHP based on their incarceration status (45 CFR § 155.315(e)).

### Medicaid Eligibility

An eligible person shall not be entitled to medical assistance coverage when the individual is an inmate or patient in an institution or facility wherein medical assistance may not be provided (N.Y. Soc. Serv. Law § 366(1)(e)(1)).

## **Legal Analysis**

An individual who is incarcerated cannot enroll in a qualified health plan (QHP) through the Marketplace or entitled to medical assistance (Medicaid) unless that person is incarcerated pending the disposition of charges.

On September 18, 2014, you uploaded mail sent to your current address on August 27, 2014, from the NYS Division of Criminal Justice Services. However, on January 22, 2015, the Marketplace issued an eligibility determination notice that you were conditionally eligible for Medicaid. However, to confirm your incarceration status, you were directed to provide documentation before April 23, 2015.

According to your appeal request, you have not been incarcerated since July 2014. Furthermore, on July 24, 2015, you submitted to the Marketplace Appeals Unit, a notice sent to your current address from the State of New York Department of Motor Vehicles.

Your account had sufficient documentation to show that you were not incarcerated when your health insurance coverage through the Marketplace was discontinued.

Therefore the May 3, 2015, eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status and are not

eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace is RESCINDED.

The May 4, 2015, disenrollment notice stating your Health Insurance Plan of Greater New York coverage will end effective May 31, 2015 is RESCINDED.

The January 22, 2015, enrollment notice confirming that you are enrolled in Health Insurance Plan of Greater New York and will begin March 1, 2015 is REINSTATED.

## **Decision**

The May 3, 2015, eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status and are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace is RESCINDED.

The May 4, 2015, disenrollment notice stating your Health Insurance Plan of Greater New York coverage will end effective May 31, 2015 is RESCINDED.

The January 22, 2015, enrollment notice confirming that you are enrolled in Health Insurance Plan of Greater New York and will begin March 1, 2015 is REINSTATED.

**Effective Date of this Decision:** October 19, 2015

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

This decision cancels the May 3, 2015 eligibility determination notice that you are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace.

This decision cancels the May 4, 2015 enrollment notice that your Health Insurance Plan of Greater New York will end effective May 31, 2015.

This decision reinstates the January 22, 2015 enrollment notice that you are enrolled in Health Insurance Plan of Greater New York and will begin March 1, 2015.

## **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 after the date 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 date 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 May 3, 2015, eligibility determination notice stating that you did not provide additional documentation regarding your incarceration status and are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace is **RESCINDED**.

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 May 4, 2015, disenrollment notice stating your Health Insurance Plan of Greater New York coverage will end effective May 31, 2015 is RESCINDED.

The January 22, 2015, enrollment notice confirming that you are enrolled in Health Insurance Plan of Greater New York and will begin March 1, 2015 is REINSTATED.

### **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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).



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



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