



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

Notice of Decision

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015486

[REDACTED]

Dear [REDACTED],

On April 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 19, 2016 eligibility redetermination notices and December 19, 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

Decision Date: June 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015486



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 eligibility for and enrollment in your Essential Plan for you and your spouse, and your children's eligibility for and enrollment in a Child Health Plus plan, ended effective December 31, 2016?

Procedural History

On December 18, 2015, NYSOH issued an enrollment confirmation notice, confirming your and your spouse's selection of an Essential Plan, with an enrollment start date of January 1, 2016.

On February 1, 2016, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan with a start date of March 1, 2016.

On October 15, 2016, NYSOH issued a notice stating that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2016 you might lose the financial assistance you were currently receiving.

No updates were received by December 15, 2016 and NYSOH redetermined your eligibility for financial assistance with health insurance.

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On December 19, 2016, NYSOH issued an eligibility redetermination notice stating that you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. The notice stated that you were not eligible for financial assistance because you did not respond to the renewal notice.

Also, on December 19, 2016, NYSOH issued an eligibility redetermination notice stating that your children were no longer eligible for their Child Health Plus plan effective January 1, 2017 because they did not respond to the renewal notice.

Also on December 19, 2016, NYSOH issued a disenrollment notice stating that enrollment in your Essential Plan for you and your spouse was terminated, effective December 31, 2016, and your children's enrollment in their Child Health Plus plan was terminated effective December 31, 2016.

On December 28, 2016, you submitted a non-financial assistance application to NYSOH.

On December 29, 2016, NYSOH issued a notice of eligibility redetermination stating that you, your spouse and your children were eligible to enroll in a qualified health plan at full cost, effective February 1, 2017.

Also on December 29, 2016, NYSOH issued an enrollment notice confirming your selection of a qualified health plan, for you, your spouse, and your children, with a plan enrollment start date of February 1, 2017.

On February 2, 2017, you spoke to NYSOH's Account Review Unit and appealed your and your spouse's loss of coverage in the Essential Plan and your children's loss of coverage in their Child Health Plus plan for the month of January 2017.

On April 28, 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 hearing.

Findings of Fact

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

- 1) Your and your spouse's Essential Plan enrollment began on January 1, 2016.
- 2) Your children's Child Health Plus plan enrollment began on March 1, 2016.

- 3) You testified that you receive your notices from NYSOH by regular mail.
- 4) You testified that you did not receive NYSOH's October 15, 2016 renewal notice in the mail telling you that you needed to update your application to renew r and your spouse's Essential Plan eligibility and your children's Child Health Plus plan eligibility.
- 5) No notices sent to you at the mailing address listed on your NYSOH account have been returned as undeliverable.
- 6) According to the "Address History" Tab in your NYSOH account, your mailing address was [REDACTED], [REDACTED], NY [REDACTED] at the time the October 15, 2016 renewal notice was issued.
- 7) NYSOH records reflect that the October 15, 2016 renewal notice was mailed to [REDACTED], [REDACTED], NY [REDACTED].
- 8) You testified that you moved from [REDACTED], [REDACTED], NY [REDACTED] to [REDACTED], [REDACTED], [REDACTED] on September 16, 2016.
- 9) You testified that you did not advise NYSOH of your change in address until December 19, 2016.
- 10) You testified that you did not know that you needed to update your account until you received NYSOH's eligibility redetermination and disenrollment notices dated December 19, 2016.
- 11) You testified that you received NYSOH's December 19, 2016 eligibility redetermination and disenrollment notices at [REDACTED], [REDACTED].
- 12) On December 28, 2016, you submitted a non-financial assistance application through NYSOH.
- 13) You testified that you have medical bills which were incurred during January 2017.
- 14) You, your spouse and your children enrolled into a qualified health plan on December 29, 2016, with a coverage start date of February 1, 2017.
- 15) You testified that you are seeking coverage to be reinstated for you and your spouse in the Essential Plan and coverage for your children in a Child Health Plus plan for the month of January 2017.

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

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months, as long as enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid Social Security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR § 600.345; (NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, 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 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming 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)).

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Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse's eligibility for and enrollment in your Essential Plan and your children's eligibility for and enrollment in a Child Health Plus plan ended effective December 31, 2016.

You and your spouse's enrollment in an Essential Plan was effective January 1, 2016 and your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, 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.

NYSOH's October 15, 2016 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by December 15, 2016, or your financial assistance might end.

Because there was no timely response to this notice, you and your spouse were terminated from your Essential Plan and your children were terminated from their Child Health Plus plan, effective January 1, 2017.

You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. You testified that you did not receive the October 15, 2016 renewal notice from NYSOH telling you that you needed to update the information in your NYSOH account. According to the "Address History" Tab in your NYSOH account, your mailing address was [REDACTED], [REDACTED], NY [REDACTED] at the time the October 15, 2016 renewal notice was issued. There is no evidence in the record that the October 15, 2016 renewal notice that was sent to your mailing address was returned as undeliverable.

You testified that you moved from [REDACTED] to [REDACTED], [REDACTED], [REDACTED] on September 16, 2016. You testified that you did not advise NYSOH of your change in address until December 19, 2016. You testified that after you updated your address with NYSOH, you received NYSOH's December 19, 2016 eligibility redetermination and disenrollment notices at [REDACTED], [REDACTED].

Since the record does not support a finding that you contacted NYSOH to update your address until December 19, 2016, NYSOH properly used the address information in your account and properly issued a notice informing you of the

need to update your account for your coverage to continue. When you failed to do so, NYSOH was required to act according to the renewal notice.

Therefore, the December 19, 2016 eligibility redetermination notices and December 19, 2016 disenrollment notice ending your and your spouse's coverage in your Essential Plan and your children's Child Health Plus plan coverage effective January 1, 2017 are AFFIRMED.

Decision

The December 19, 2016 eligibility redetermination notices are AFFIRMED.

The December 19, 2016 disenrollment notice is AFFIRMED.

Effective Date of this Decision: June 19, 2017

How this Decision Affects Your Eligibility

This decision does not change you, your spouse or your children's eligibility.

NYSOH properly determined that you and your spouse's coverage in the Essential Plan ended effective January 1, 2017.

NYSOH properly determined that your children's coverage in their Child Health Plus plan ended effective January 1, 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 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).

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

Summary

The December 19, 2016 eligibility redetermination notices are **AFFIRMED**.

The December 19, 2016 disenrollment notice is **AFFIRMED**.

This decision does not change your, your spouse or your children's eligibility.

NYSOH properly determined that you and your spouse's coverage in the Essential Plan ended effective January 1, 2017.

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).

NYSOH properly determined that your children's coverage in their Child Health Plus plan ended effective January 1, 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。我们可以为您免费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)

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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&tumi ama wo obi a okyerE 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.

אַײַדיש (Yiddish)

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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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