



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

## Notice of Decision

Decision Date: April 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017620

[REDACTED]

Dear [REDACTED],

On April 10, 2017, you appeared by telephone at an expedited hearing on your appeal of NY State of Health's April 4, 2017 eligibility determination and enrollment confirmation 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.

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## Decision

Decision Date: April 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017620

[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 your eligibility for and re-enrollment in your Essential Plan was effective May 1, 2017?

## Procedural History

On February 24, 2016, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, effective April 1, 2016.

On February 24, 2016, NYSOH issued an enrollment confirmation notice, confirming your selection of an Essential Plan, with an enrollment start date of April 1, 2016.

On February 2, 2017, NYSOH issued a notice stating 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 qualified for financial help paying for your health coverage. The notice directed you to update your account by March 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were received by March 15, 2017 and NYSOH redetermined your eligibility for financial assistance with health insurance.

On March 17, 2017, NYSOH issued an eligibility determination notice stating you were newly eligible to purchase a qualified health plan at full cost through

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NYSOH, effective April 1, 2017. The notice stated you were not eligible for financial assistance because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

Also on March 17, 2017, NYSOH issued a disenrollment notice stating your enrollment in your Essential Plan was terminated, effective March 31, 2017, because you were no longer eligible to remain enrolled in the plan.

On April 3, 2017, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating you were eligible for the Essential Plan. You selected a plan for enrollment the same day.

Also on April 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan, insofar as coverage through this plan was not effective April 1, 2017.

On April 4, 2017, NYSOH issued a notice of eligibility determination, stating you were eligible to enroll in the Essential Plan, effective May 1, 2017.

Also on April 4, 2017, NYSOH issued an enrollment notice confirming your selection of your Essential Plan, with an enrollment start date of May 1, 2017.

Additionally, on April 4, 2017, NYSOH issued a notice confirming a change to your mailing address to: [REDACTED].

On April 10, 2017, you had an expedited telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. While under oath, you waived your right to written notice of the hearing as well as your right to review NYSOH's evidence packet prior to the hearing. 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) You were determined eligible for the Essential Plan on February 24, 2016, with an effective date of April 1, 2016.
- 2) You testified you have always received your notices from NYSOH by regular mail.
- 3) You testified you did not receive any notices in the mail directing you to update your application to renew your Essential Plan eligibility for the 2017 coverage year.

- 4) No notices issued to you by NYSOH have been returned as undeliverable.
- 5) You testified you did not know you needed to update your account until you were informed by your pharmacy, on [REDACTED] that your insurance coverage had been cancelled.
- 6) Your account confirms NYSOH received your updated application for health insurance on April 3, 2017.
- 7) You reenrolled into an Essential Plan on April 3, 2017.
- 8) You testified a representative from NYSOH updated your mailing address on April 3, 2017 by adding an additional four digits to your zip code.
- 9) On April 4, 2017, NYSOH issued a notice of change to your mailing address listing your new address as [REDACTED]. You confirmed this is your correct mailing address.
- 10) You testified your mailing address has not changed since you enrolled in health coverage through NYSOH.
- 11) Your account confirms that every notice issued to you by NYSOH, dating back to 2014, has been addressed to [REDACTED].
- 12) You testified you received the notices issued by NYSOH on February 4, 2017. You further testified that the only other notices you received in 2017 regarding your insurance were from the health plan.
- 13) You testified you are seeking to have your coverage in the Essential Plan backdated to April 1, 2017 to avoid a gap in coverage.

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

## **Applicable Law and Regulations**

### Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility, 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

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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>).

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined your eligibility for and enrollment in your Essential Plan was effective May 1, 2017.

You were originally found eligible for the Essential Plan effective April 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

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NYSOH's February 2, 2017 renewal notice stated there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance. The notice directed you to supply additional information by March 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, your Essential Plan coverage was terminated, effective March 31, 2017.

You testified you did not receive any notice from NYSOH directing you to update the information in your NYSOH account. You testified, and your NYSOH account confirms, you elected to receive notifications by regular mail. However, there is no evidence in the record that any notices issued to you were returned as undeliverable.

Although NYSOH issued a change of address notice on April 4, 2017 and you testified that four additional digits were added to the end of your zip code, your account confirms the "updated" address listed in this notice, [REDACTED], is the same address listed on all notices issued to you by NYSOH. Additionally, you testified you received the notices issued to you by NYSOH on April 4, 2017. Your account confirms the address listed on the April 4, 2017 notices is the same address listed on the February 2, 2017 renewal notice. You confirmed this is your correct mailing address.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue. Because there was no timely response to this notice, your Essential Plan coverage was properly terminated, effective March 31, 2017, pursuant to the above-referenced law and regulations.

The record shows that on April 3, 2017 you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan.

The date on which the Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on April 3, 2017, it must take effect on the first day of the month following April; that is, on May 1, 2017.

Therefore, NYSOH's April 4, 2017 eligibility determination notice and enrollment confirmation notice are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on April 4, 2017.

## **Decision**

The April 4, 2017 eligibility determination and enrollment confirmation notices are AFFIRMED.

**Effective Date of this Decision:** April 13, 2017

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

This decision does not change your eligibility.

The effective date of your Essential Plan is May 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 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

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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 April 4, 2017 eligibility determination notice is AFFIRMED.

The April 4, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Plan is May 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&etumi 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.

## **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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