



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

## Notice of Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019711

[REDACTED]

[REDACTED]

Dear [REDACTED],

On September 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 18, 2017 eligibility determination notice and April 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  
P.O. Box 11729  
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## Decision

Decision Date: October 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000019711

[REDACTED]

[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 were no longer qualified to enroll in coverage through NYSOH and disenrolled from your Essential Plan coverage, effective May 1, 2017?

## Procedural History

On March 3, 2017, NYSOH issued a notice 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 make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by April 15, 2017 or you might lose the financial assistance you were currently receiving. This notice was mailed to [REDACTED].

On March 13, 2017, the March 3, 2017 renewal notice was returned to NYSOH as undeliverable by the US Postal Service because you were temporarily away.

On April 3, 2017, a navigator updated your application for financial assistance with health insurance.

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).

On April 4, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective May 1, 2017. This notice was mailed to [REDACTED].

Also on April 4, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of May 1, 2017.

On April 17, 2017, the March 3, 2017 renewal notice which had been returned to NYSOH as undeliverable by the US Postal Service was uploaded to your NYSOH account.

On April 18, 2017, NYSOH issued a notice of eligibility determination stating that you were no longer eligible for health insurance through NYSOH, effective May 2, 2017. This was because mail sent to you by NYSOH was returned as undeliverable. This notice was mailed to [REDACTED].

Also on April 18, 2017, NYSOH issued a disenrollment notice stating that your enrollment with your Essential Plan would end, effective May 1, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to [REDACTED].

On May 1, 2017, you contacted NYSOH and updated your application for financial assistance and updated your mailing address to 1 [REDACTED]  
[REDACTED]

On May 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective June 1, 2017.

Also on May 2, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of June 1, 2017.

On June 13, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as you were without coverage in your Essential Plan for the month of May 2017.

On September 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] acted as your Authorized Representative and assisted you with your testimony. 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 testified that from November 2016 until [REDACTED] you were living in Florida. You further testified that you returned to New York in the first week of May 2017.
- 2) You testified that when you returned to New York, your physical address was [REDACTED].
- 3) Your NYSOH account reflects that since November 7, 2013 your residential address has been listed as [REDACTED].
- 4) You testified that you use a post office box to receive mail.
- 5) Your NYSOH account reflects that from April 20, 2015 through April 26, 2017, the mailing address on your account was [REDACTED]. You confirmed that this is your post office box.
- 6) You explained that while you were in Florida, you were having mail which was sent to the post office box forwarded to you in Florida.
- 7) You testified that you changed your mailing address from your post office box to your street address on May 1, 2017.
- 8) Your NYSOH account reflects that on September 12, 2017 you updated your mailing address to [REDACTED] however, your residential address remains the same.
- 9) You explained that neither you nor your spouse work at this time. You testified that your spouse last worked in August 2016 and his office was based in New York.
- 10) You testified that you file state taxes in New York and only New York.
- 11) You testified that you did have health insurance coverage through Florida at one time several years ago.
- 12) You testified that you did not have coverage outside of NYSOH in May 2017.
- 13) You testified that you learned that you had been disenrolled from your Essential Plan on May 1, 2017 when you received the disenrollment notice from NYSOH.

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14) You testified, and your NYSOH account reflects, that you contacted NYSOH to reenroll in coverage on May 1, 2017.

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

## **Applicable Law and Regulations**

### Essential Plan Eligibility

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

### State Residency Requirement

To be eligible for enrollment in the Essential Plan, an applicant must be a resident of New York State (New York's Basic Health Plan Blueprint, p. 15, as approved January 2017; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>, 45 CFR § 155.305(a)(3), (f)(1)(ii)(A)).

For an individual who is aged 21 or older, not living in an institution, and able to indicate intent, that individual is deemed to be a resident of the Exchange service area in which or she lives and either a) intends to reside, even without a fixed address, or b) has entered with a job commitment or is seeking employment. (45 CFR § 155.305(a)(3)(i)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were no longer qualified to enroll in coverage through NYSOH and disenrolled from your Essential Plan coverage, effective May 1, 2017.

On April 3, 2017, NYSOH received your updated application for health insurance. As a result of this application, you were found eligible to enroll in the Essential Plan. You subsequently enrolled in an Essential Plan, effective May 1, 2017.

On April 18, 2017, NYSOH issued an eligibility redetermination notice stating that you were no longer eligible for health insurance through NYSOH because mail sent to you by NYSOH had been returned. NYSOH also issued a disenrollment notice stating that you were disenrolled from your Essential Plan, effective May 1, 2017.

One of the conditions of eligibility for the Essential Plan is for the applicant to be a resident of New York State. Under the Essential Plan, an individual is deemed to be a resident if they intend to reside in the state, even without a fixed address, or has entered with a job commitment or is seeking employment.

In the present instance, the record reflects that you intend to reside in New York State, for purposes of satisfying the residency requirement for Essential Plan purposes.

The record reflects that you spend part of the year in New York State and part of the year in Florida. Throughout this time, you maintained a mailing address in New York State. Additionally, the record reflects that since December 31, 2014 you have maintained the same residential address on your NYSOH account. Furthermore, when NYSOH disenrolled you from your Essential Plan, you intended to return to New York State.

As such, for Essential Plan purposes, you were a resident of New York State at the time of the April 17, 2017 eligibility determination.

Therefore, the April 18, 2017 eligibility determination notice and the April 18, 2017 disenrollment notice are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of May 1, 2017.

## **Decision**

The April 18, 2017 eligibility determination notice is RESCINDED.

The April 18, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of May 1, 2017.

**Effective Date of this Decision: October 17, 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).

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

Your Essential Plan should have begun as of May 1, 2017.

Your case is being sent back to NYSOH to enroll you in your Essential Plan as of 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

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 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 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 18, 2017 eligibility determination notice is RESCINDED.

The April 18, 2017 disenrollment notice is RESCINDED.

Your Essential Plan should have begun as of May 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of 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:**

[REDACTED]

[REDACTED]

## **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)**

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).

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.

### **(Bengali)**

1-855-355-5777

### **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 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.

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**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.