



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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021573

[REDACTED]

[REDACTED]

On October 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 18, 2017 eligibility determination and 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021573

[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 your enrollment in your Essential Plan ended effective July 31, 2017?

Procedural History

According to your NYSOH account, you initially applied for health insurance through NYSOH on June 1, 2016. Upon your failure to renew, on May 17, 2017, NYSOH issued two notices that were returned to NYSOH as undeliverable on July 13, 2017, including a disenrollment notice stating that your Medicaid Managed Care plan would end effective May 31, 2017.

On June 8, 2017, NYSOH issued an eligibility determination notice, based on your June 7, 2017 updated application, stating that you were eligible to enroll in the Essential Plan with a \$20.00 per month premium, effective July 1, 2017.

Also on June 8, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan as of July 1, 2017.

On July 18, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because notices sent to you by NYSOH were returned to the Marketplace as undeliverable. Your eligibility ended August 1, 2017.

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Also on July 18, 2017, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan would end on July 31, 2017. This was because you were no longer eligible to remain enrolled in health insurance through NYSOH.

On August 17, 2017, you updated your NYSOH account. That same day, a preliminary eligibility determination was prepared stating in part that your enrollment in your Essential Plan would begin as of October 1, 2017.

On August 17, 2017, you spoke to NYSOH's Account Review Unit and appealed the preliminary eligibility determination insofar as your enrollment in your Essential Plan ended on July 31, 2017 and did not begin again until October 1, 2017, resulting in a lapse in coverage for the months of August 2017 and September 2017.

On August 18, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan effective as of October 1, 2017.

On October 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was held open to November 4, 2017 to allow you time to submit supporting documentation.

On October 23, 2017, you submitted a copy of your lease and a copy of your August 2017 rent invoice. These documents were made part of the record as "Appellant's Exhibit A." The record closed that day.

Findings of Fact

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

- 1) According to your NYSOH account, on May 17, 2017, NYSOH issued two notices that were returned as undeliverable on July 13, 2017. Thus, you were terminated from your Essential Plan, effective July 31, 2017.
- 2) You testified that you realized that you were being disenrolled from your Essential Plan when you received NYSOH's July 18, 2017 disenrollment notice in the mail.
- 3) According to your NYSOH account, on August 17, 2017, NYSOH received your updated application for health insurance. You selected your Essential Plan that day and your enrollment was effective on October 1, 2017.

- 4) According to your NYSOH account and your testimony, on August 17, 2017, a NYSOH representative updated your address by changing [REDACTED] in your NYSOH account to fix the problem with your mail.
- 5) According to your NYSOH account, other notices delivered to the [REDACTED] [REDACTED] have not been returned to NYSOH as undeliverable.
- 6) You testified that you have resided in the same address for 9 years and have never had any issues with receiving your mail. You are unsure as to why your May 17, 2017 notices were returned to NYSOH.
- 7) You testified that you want your Essential Plan reinstated for the months of August 2017 and September 2017 because you should not have a lapse in coverage for something that is not your fault. Additionally, you have medical bills for those months.
- 8) According to your NYSOH account, on August 18, 2017, you updated your preferences to begin receiving notices from NYSOH via email.

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

Applicable Law and Regulations

Essential Plan Effective Date

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)).

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State Residency Requirement

To be eligible for enrollment in a MMC plan through the New York State of Health, an applicant must be a resident of New York State (NY Public Health Law § 2510(6)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan ended effective July 31, 2017.

According to your NYSOH account, you initially applied for health insurance through NYSOH on June 1, 2016. Upon your failure to renew, on May 17, 2017, NYSOH issued two notices that were returned to NYSOH as undeliverable on July 13, 2017, including a disenrollment notice stating that your Medicaid Managed Care plan would end effective May 31, 2017.

A review of the record reflects that these notices were returned as undeliverable despite several other notices being sent to the exact same address.

On June 8, 2017, prior to these notices being returned to NYSOH, you updated your account and were found eligible for and enrolled in the Essential Plan as of July 1, 2017. You were subsequently disenrolled under the returned mail rule on the basis that you did not meet the state residency requirement. As such, on July 18, 2017, NYSOH issued eligibility determination and disenrollment notices, stating respectively that you were no longer eligible to enroll in the Essential Plan and your coverage in your Essential Plan would end effective July 31, 2017.

However, you credibly testified that you have been at the same address for nine years. Further, the credible evidence of the record reflects that the May 17, 2017 notices were returned as undeliverable to NYSOH despite other notices being sent to the same mailing address. Since it is reasonable to conclude that these notices were returned as undeliverable through no fault of your own, and quite possibly it was the result of an error of NYSOH or the United State Postal Service, it is also reasonable to conclude that your disenrollment from your Essential Plan was in error.

Therefore, the July 18, 2017 eligibility determination and disenrollment notices must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan for the months of August 2017 and September 2017, and to notify you accordingly.

Decision

The July 18, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Essential Plan for the months of August 2017 and September 2017, and to notify you accordingly.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

Your case is sent back to NYSOH to reinstate you in an Essential Plan for the months of August 2017 and September 2017. NYSOH will notify you once this has been done.

You will be responsible for any premium payments due for the months in which your coverage is reinstated.

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

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).

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 July 18, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Essential Plan for the months of August 2017 and September 2017, and to notify you accordingly.

Your case is sent back to NYSOH to reinstate you in an Essential Plan for the months of August 2017 and September 2017. NYSOH will notify you once this has been done.

You will be responsible for any premium payments due for the months in which your coverage is reinstated.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 مجانًا.

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).

বাংলা (Bengali)

এই নথি গুরুত্বপূর্ণ। আপনি যদি এই নথি বুঝতে সাহায্যের প্রয়োজন হয়, তবে দয়া করে 1-855-355-5777-এ কল করুন।
আপনার ভাষায় একটি দ্বিভাষিক নি:শুল্ক উপলব্ধ করা যেতে পারে।

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 नि:शुल्क 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 नि:शुल्क 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 bɛtumi ama wo obi a okyerɛ 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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