



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: AP000000021903

[REDACTED]

[REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 23, 2017 eligibility determination notice and August 23, 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021903

[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 health insurance through NYSOH and terminate your Essential Plan coverage, effective September 1, 2017?

Procedural History

On August 9, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time, effective September 1, 2017. This notice directed you to provide proof of your income by November 6, 2017 in order to confirm your eligibility for financial assistance. This notice was mailed to [REDACTED]

Also on August 9, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of September 1, 2017. This notice was mailed to [REDACTED]

On August 16, 2017, the August 9, 2017 notices were returned to NYSOH by the United States Postal Service as being not deliverable as addressed.

On August 22, 2017, NYSOH redetermined your eligibility for financial assistance.

On August 23, 2017, NYOSH issued a notice of eligibility determination stating that you were no longer eligible for health insurance through NYSOH, effective September 2, 2017. This was because mailed sent to you by NYSOH was returned as undeliverable. This notice was mailed to [REDACTED].

Also on August 23, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan would end on September 1, 2017. This was because you were no longer eligible to enroll in health insurance through NYSOH. This notice was mailed to [REDACTED].

On August 28, 2017, you updated your application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2017.

Also on August 28, 2017, you spoke to the NYSOH Account Review Unit and appealed insofar as your Essential Plan began on October 1, 2017 and not September 1, 2017.

On August 29, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective October 1, 2017. This notice directed you to submit proof of your income by November 26, 2017. This notice was mailed to [REDACTED].

Also on August 29, 2017, NYOSH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan with a plan enrollment start date of October 1, 2017. This notice was mailed to [REDACTED].

On November 2, 2017, you had a 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) You testified that you reside at [REDACTED]
- 2) You testified that you have lived at that address for the last three years, and you have lived in New York State your entire life.
- 3) You testified that after enrolling coverage on August 8, 2017, you did not receive any enrollment paperwork. You explained that on August 28, 2017 you contacted NYSOH to follow-up on your enrollment and you were

advised that you were eligible for the Essential Plan, but that your coverage would not begin until October 1, 2017.

- 4) You testified that you did receive the August 23, 2017 eligibility determination notice and the August 23, 2017 disenrollment notice.
- 5) You testified that you are seeking for your Essential Plan to begin on September 1, 2017.
- 6) The January 25, 2017 eligibility determination notice, January 25, 2017 enrollment confirmation notice, January 31, 2017 enrollment confirmation notice, April 30, 2017 eligibility determination notice, the April 30, 2017 enrollment confirmation notice, July 13, 2017 disenrollment notice, and the July 19, 2017 eligibility determination notice issued to you by NYSOH were mailed to [REDACTED]. None of these notices were returned as undeliverable.
- 7) On August 28, 2017, your address was updated to [REDACTED].

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)).

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).

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 is whether NYSOH properly determined that you were no longer qualified to enroll in health insurance through NYSOH and terminated your Essential Plan coverage, effective September 1, 2017.

On August 9, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time, effective September 1, 2017. That same day, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in an Essential Plan as of September 1, 2017. These notices were both mailed to [REDACTED].

On August 16, 2017, both of these notices were returned to NYSOH by the United States Postal Service for not being deliverable as addressed.

As a result, NYSOH redetermined your eligibility and issued a notice stating that you were no longer eligible for health insurance through NYSOH, effective September 1, 2017. This was because mail sent to you by NYSOH had been returned as undeliverable. NYSOH also issued a disenrollment notice stating that you were disenrolled from your Essential Plan, effective September 1, 2017.

You testified that you reside at [REDACTED] and have lived at that address for three years.

The record reflects that of the nine notices mailed to you by NYSOH at [REDACTED], only the August 9, 2017 eligibility determination notice and August 9, 2017 enrollment confirmation notice were returned to NYSOH as undeliverable.

On August 28, 2017, your address was updated to [REDACTED]. This is the same residence as was listed on the August 9, 2017 notices, only the address is written in a different format.

Therefore, there is sufficient evidence in the record to conclude that you have continuously retained New York State residency throughout the time period in question. There is no indication in the record that there was any other basis for NYSOH to find you ineligible for the Essential Plan at the time of the August 22, 2017 eligibility redetermination.

Therefore, the August 23, 2017 eligibility determination notice and the August 23, 2017 disenrollment notice are RESCINDED.

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

Decision

The August 23, 2017 eligibility determination notice is RESCINDED.

The August 23, 2017 disenrollment notice is RESCINDED.

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

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

NYSOH incorrectly terminated your enrollment in your Essential plan as of September 1, 2017.

Your case is being sent back to NYSOH to reinstate you into your Essential plan as of September 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 August 23, 2017 eligibility determination notice is RESCINDED.

The August 23, 2017 disenrollment notice is RESCINDED.

NYSOH incorrectly terminated your enrollment in your Essential plan as of September 1, 2017.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of September 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).

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&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.

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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