



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

Notice of Decision

Decision Date: November 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022145

[REDACTED]

[REDACTED]

On November 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 2, 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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Decision

Decision Date: November 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022145



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your enrollment in your Essential Plan ended effective June 30, 2017?

Procedural History

On February 7, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your initial application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective March 1, 2017. The notice directed you to submit proof of income by May 7, 2017, so the information on your application could be confirmed.

Also on February 7, 2017, NYSOH issued a plan enrollment notice confirming your selection of an Essential plan and the effective date of that plan was March 1, 2017.

On June 2, 2017, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and could not enroll in a qualified health plan at full cost. This was because notices sent to you by NYSOH were returned to NYSOH as undeliverable. Your eligibility ended July 1, 2017.

Also on June 2, 2017, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan would end on June 30, 2017. This was because

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you were no longer eligible to remain enrolled in health insurance through NYSOH.

On August 3, 2017, NYSOH issued an eligibility determination notice, based on your August 2, 2017 updated application, stating that you were eligible for the Essential Plan, effective September 1, 2017.

Also on August 3, 2017, NYSOH issued a plan enrollment notice confirming your selection of an Essential Plan and the effective date of September 1, 2017.

On September 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the June 2, 2017 disenrollment notice insofar as your enrollment in your Essential Plan ended on June 30, 2017, resulting in a lapse in coverage for the months of July 2017 and August 2017.

On August 15, 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) According to your NYSOH account, you initially applied for health insurance through NYSOH on February 6, 2017 with the assistance of a certified application counselor (CAC). On February 7, 2017, NYSOH issued two notices that were returned as undeliverable on February 15, 2017. Thus, you were terminated from your Essential Plan, effective June 30, 2017.
- 2) According to your NYSOH account and your testimony, on February 6, 2017, a CAC initially put an incorrect address in your NYSOH account. Instead of [REDACTED] which is your correct address, all NYSOH correspondence from February 7, 2017 through August 30, 2017 was addressed to [REDACTED]. These notices were returned to NYSOH as "Return to Sender: Not Deliverable as Addressed."
- 3) You testified that you realized that you were disenrolled from your Essential Plan when you received correspondence from the health plan that your July 2017 medical claims were being denied.
- 4) You testified that, after you realized you were terminated in August 2017, you attempted to change the account address yourself, but

because of difficulties in accessing your account, you had to contact NYSOH to resolve the issue.

- 5) According to your NYSOH, on August 2, 2017, NYSOH received your updated application for health insurance. You selected your Essential Plan on that same day and your enrollment was effective on September 1, 2017.
- 6) You testified that you were told by a NYSOH representative that your coverage would not become effective until September 1, 2017 because you had notices that were “undeliverable.”
- 7) You testified that you want your Essential Plan reinstated for the July 2017 and August 2017 because you have outstanding medical bills for the month of July 2017.

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)).

State Residency Requirement

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

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Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan ended effective June 30, 2017.

You were originally found eligible for an Essential Plan and enrolled effective March 1, 2017.

According to your NYSOH account, on February 7, 2017, NYSOH issued two notices that were returned as undeliverable on February 15, 2017. A review of the record reflects that many other notices were returned as undeliverable that were being sent to the exact same address.

You were subsequently disenrolled under the returned mail rule on the basis that you did not meet the state residency requirement. As such, on June 2, 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 June 30, 2017.

However, the credible evidence of the record reflects that you initially applied for coverage on February 6, 2017 with the assistance of a CAC. The NYSOH February 7, 2017 notices issued, in addition to subsequent correspondence from NYSOH, were addressed to [REDACTED]." rather than [REDACTED] [REDACTED] which is your correct address. Additionally, the envelope on the return letter states "Return to Sender: Not Deliverable as Addressed" indicating that the address on the envelope was incorrect.

Since it is reasonable to conclude that these notices were returned as undeliverable through no fault of your own, and quite possibly as the result of an error by the CAC or a NYSOH representative, it is also reasonable to conclude that your disenrollment from your Essential Plan was in error.

Therefore, the June 2, 2017 eligibility determination and disenrollment notices are RESCINDED.

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

Decision

The June 2, 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 July 2017 and August 2017, and to notify you accordingly.

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Effective Date of this Decision: November 9, 2017

How this Decision Affects Your Eligibility

Your case is sent back to NYSOH to reinstate you in your Essential plan for the months of July 2017 and August 2017. NYSOH will notify you once this is completed.

You will be responsible for your premiums for any months in which your coverage is active.

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

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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):

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 2, 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 July 2017 and August 2017, and to notify you accordingly.

Your case is sent back to NYSOH to reinstate you in your Essential plan for the months of July 2017 and August 2017. NYSOH will notify you once this is completed.

You will be responsible for your premiums for any months in which your coverage is active.

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)

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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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi 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.

שׂוֹדֵי (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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