



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

Notice of Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025023

[REDACTED]

Dear [REDACTED],

On January 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 17, 2017 discontinuance and plan 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: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025023



Issue

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

Did NY State of Health properly determine that you and your two adult children were no longer eligible for the Essential Plan as of December 1, 2017, such that your enrollments in your Essential Plan 1 ended effective November 30, 2017?

Procedural History

According to your NYSOH account, you and your two adult children were enrolled in an Essential Plan 1 Plus Vision and Dental with UnitedHealthcare Community Plan, effective January 1, 2017, through November 30, 2017.

On September 3, 2017, NYSOH issued a renewal notice stating in part that you and your two adult children did not need to take any action and would get a notice in November 2017, about renewing your coverage since your current coverage was to end December 31, 2017.

On October 18, 2017, October 25, 2017, and November 1, 2017, NYSOH issued plan enrollment notices confirming that you and your two adult children's coverage in the Essential Plan 1 Plus Vision and Dental with UnitedHealthcare Community Plan had an enrollment start date of January 1, 2017, with a monthly premium payment each of \$47.60.

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On November 10, 2017, NYSOH issued a disenrollment notice stating that your one adult child's enrollment in the Essential Plan 1 would end October 31, 2017, because the insurance bill was not paid by the payment deadline.

On November 17, 2017, NYSOH issued a discontinuance notice stating in part that, as of November 16, 2017, you and your two adult children were no longer eligible for health insurance through NYSOH, effective December 1, 2017, because notices sent by U.S. mail to the mailing address provided on your account were returned to the Marketplace as undeliverable. You were instructed by that notice to update your mailing address in your account so that your household's eligibility for health insurance could be redetermined.

Also on November 17, 2017, NYSOH issued another disenrollment notice stating in part that you and your other adult child's enrollment in the Essential Plan 1 would end November 30, 2017, because you both were no longer eligible to enroll in health insurance through NYSOH.

On November 21, 2017, NYSOH issued a notice acknowledging that your mailing address had been updated to "[REDACTED]".

Also on November 21, 2017, NYSOH issued an eligibility determination notice stating that you and your two adult children were eligible to share in up to \$325.00 per month in advance payments of the premium tax credit and eligible to receive cost-sharing reductions if you all enrolled in a silver-level qualified health plan, effective January 1, 2018.

Lastly, on November 21, 2017, NYSOH issued a plan enrollment notice stating in part that you and your two adult children needed to pick a health plan for coverage to start.

On November 27, 2017, NYSOH issued an eligibility determination notice based on your November 26, 2017 update application, stating in part that you and your two adult children were eligible to enroll in the Essential Plan, effective January 1, 2018.

Also on November 27, 2017, NYSOH issued a plan enrollment notice stating in part that you and your two adult children were enrolled in an Essential Plan Plus Vision and Dental with UnitedHealthcare Community Plan and an enrollment start date of January 1, 2018.

On November 29, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your and your two adult children's enrollment in the Essential Plan 1 you selected was to begin January 1, 2018, and not December 1, 2017.

On January 23, 2018, 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) You testified that your mailing address, which is the same as your residence address, has remained the same since 2002.
- 2) According to your NYSOH account, all notices issued by NYSOH during the months of October 2017 and November 2017, were mailed to the mailing address of record and as noted in the address line hereinabove.
- 3) According to your NYSOH account, on November 9, 2017, your health plan initiated termination of your one adult child's Essential Plan 1 due to nonpayment of premium.
- 4) You testified that you resolved the payment issue with the health plan and your adult child, who had been disenrolled for nonpayment of premium, was reinstated into the Essential Plan 1 for the month of November 2017.
- 5) According to your NYSOH account, on November 15, 2017, the November 1, 2017 plan enrollment notice was returned to NYSOH as undeliverable.
- 6) The mailing address listed on that notice indicates it was sent to [REDACTED] (see Document [REDACTED]).
- 7) The mailing address on all notices issued by NYSOH in October 2017 and November 2017, is identical to that address. According to your NYSOH account, none of those notices were returned to NYSOH as undeliverable.
- 8) According to the "Events" tab in your NYSOH account, on November 16, 2017, NYSOH marked your mailing address as invalid.
- 9) On November 25, 2017, NYSOH issued a notice acknowledging that your mailing address had been updated, which is the same street address with a [REDACTED] added at the end of that address.
- 10) No notices issued thereafter have the number [REDACTED] added to the mailing address and none of those notices were returned as undeliverable.
- 11) As of January 14, 2018, your household's mailing address in your NYSOH account was listed as "[REDACTED]."

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12) You testified that you want you and your two adult children to be reinstated into your Essential Plan for the month of December 2017, because you have medical bills from [REDACTED] incurred in that month.

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

Applicable Law and Regulations

Essential Plan

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).

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/downloads/ny-blueprint.pdf>).

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)).

Your case is RETURNED to NYSOH to reinstate you and your two adult children in your Essential Plan 1 for the month of December 2017, and to notify you accordingly.

Decision

The November 17, 2017 discontinuance notice is RESCINDED.

The November 17, 2017 plan disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you and your two adult children in your Essential Plan 1 for the month of December 2017, and to notify you accordingly.

This Decision has no effect on your and your two adult children's current eligibilities and enrollments.

Effective Date of this Decision: March 20, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to reinstate you and your two adult children in your Essential Plan 1 for the month of December 2017. NYOSH will notify you once this change has been completed.

You will be responsible to pay the December 2017 premium to the health plan directly for coverage to resume.

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

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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 Have Questions about this Decision (Customer Service Resources):

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- 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 November 17, 2017 discontinuance notice is **RESCINDED**.

The November 17, 2017 plan disenrollment notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you and your two adult children in your Essential Plan 1 for the month of December 2017, and to notify you accordingly.

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).

This Decision has no effect on your and your two adult children's current eligibilities and enrollments.

Your case is being sent back to NYSOH to reinstate you and your two adult children in your Essential Plan 1 for the month of December 2017. NYOSH will notify you once this change has been completed.

You will be responsible to pay the December 2017 premium to the health plan directly for coverage to resume.

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.

Twí (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.

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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