



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

Notice of Decision

Decision Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025440

[REDACTED]

Dear [REDACTED],

On February 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 1, 2017 discontinuance and plan disenrollment notices, and the December 6, 2017 plan enrollment 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 NY State of Health 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 Date: March 1, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025440

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your eligibility for and enrollment in the Essential Plan terminated effective November 1, 2017?

Did NY State of Health properly determine that your re-enrollment in your Essential Plan was effective January 1, 2018?

Procedural History

According to you NY State of Health Account (NYSOH), in December 2016, you were eligible for and enrolled in an Essential Plan with a \$20.00 monthly premium, effective January 1, 2017.

On October 16, 2017, NYSOH received your updated application or financial assistance with health insurance. This application included an updated mailing address.

On October 17, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective December 1, 2017.

On October 17, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in the Essential Plan with a \$20.00 monthly premium, effective January 1, 2017.

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Also on October 17, 2017, NYSOH issued a notice of contact preference stating that you had selected to get information from NYSOH by email. This notice further stated that all notices about your eligibility and coverage would be sent to your NYSOH account and you would be notified of any changes to your account by email.

On November 1, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible for health insurance through NYSOH, effective November 1, 2017, because notices regarding your eligibility and coverage sent to you by NYSOH were returned to the Marketplace as undeliverable. This notice also stated that you needed to update your mailing address so that you could remain eligible for health coverage through NYSOH.

Also on November 1, 2017, NYSOH issued a plan disenrollment notice confirming that your Essential Plan coverage would end as of October 31, 2017.

On December 5, 2017, NYSOH received your updated application for financial assistance with health insurance. This application included an updated address.

On December 6, 2017, NYSOH issued an eligibility determination stating that you were eligible to enroll in an Essential Plan with a \$20.00 monthly premium, effective January 1, 2018.

Also on December 6, 2017, NYSOH issued a plan enrollment notice confirming your enrollment in an Essential Plan with a \$20.00 monthly premium was effective January 1, 2018.

On December 6, 2017, you also spoke to NYSOH's Account Review Unit and appealed the termination of your Essential Plan for the months of November 2017 and December 2017.

On February 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed 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 submitted an updated application for financial assistance on December 16, 2016, and that you were eligible for and enrolled into an Essential Plan that day, effective January 1, 2017.
- 2) You testified that your NYSOH username is [REDACTED].

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- 3) According to your NYSOH account, you updated your NYSOH account on October 16, 2017. This application was submitted by username [REDACTED].
- 4) According to your NYSOH account, when you updated your account on October 16, 2017, you changed the mailing address that was listed in your NYSOH account.
- 5) The mailing address listed in your NYSOH account as of October 16, 2017 was: [REDACTED].
- 6) According to your NYSOH account, you were disenrolled from your Essential Plan, effective November 1, 2017.
- 7) According to your NYSOH account, the October 17, 2017 eligibility determination notice, October 17, 2017 plan enrollment notice and October 17, 2017 notice of contact preference were returned to NYSOH as undeliverable on October 30, 2017. These notices were uploaded to your NYSOH account on November 1, 2017.
- 8) According to your NYSOH account, all the notices that were issued on October 17, 2017 were addressed to: [REDACTED].
- 9) You testified that this address was incorrect. You testified that your address is: [REDACTED].
- 10) You testified that you were given misinformation from your family members regarding your address, and as a result the address was entered into the system incorrectly.
- 11) According to your NYSOH account, you did not update your account to include the correct mailing address until December 5, 2017.
- 12) You testified that you are seeking to be enrolled into your Essential Plan, effective November 1, 2017, because you have unpaid medical bills from November 2017 and December 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).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in the Essential Plan terminated effective November 1, 2017.

According to your NYSOH account, on October 17, 2017, NYSOH issued an eligibility determination notice, a plan enrollment notice, and a contact preference notice that were all returned as undeliverable on October 30, 2017. These returned notices were uploaded to your NYSOH account on November 1, 2017.

As a result, you were subsequently disenrolled from your Essential Plan because NYOSH received mail addressed to you that was undeliverable; therefore, the system assumed that you no longer met the state residency requirement for enrollment in an Essential Plan. As such, on November 1, 2017, NYSOH issued a discontinuance notice stating that you no longer qualified to receive health insurance through NYSOH as of November 1, 2017. NYSOH also issued a plan disenrollment notice stating that your Essential Plan coverage would end effective October 31, 2017.

Any person enrolled in coverage through NYSOH is obligated to inform NYSOH of any changes that could affect eligibility within 30 days of that change, which includes a change in address.

The record indicates that your account was updated on October 16, 2017, by username "[REDACTED]". You testified that "[REDACTED]" is your username. You testified that when you updated your address in your NYSOH account on October 16, 2017, you did so based on information that you had received from your family members. You further testified that the address information was incorrect and that your apartment number was actually "[REDACTED]" and not "[REDACTED]". Therefore, the record indicates that you updated your NYSOH account with the incorrect address on October 16, 2017 and the address was not corrected until December 13, 2017.

Accordingly, the NYSOH's Appeals Unit must conclude that you did not provide NYSOH with the necessary information to issue the October 17, 2017 notices to your current mailing address. Further, NYSOH reasonably relied upon the address information that was listed in your NYSOH account on October 16, 2017. As a result, NYSOH properly issued the October 17, 2017 eligibility determination, plan enrollment, and contact preference notices to the most recent address contained in your NYSOH account, which ultimately lead to your disenrollment as of October 31, 2017.

Therefore, the November 1, 2017 discontinuance notice and the November 1, 2017 plan disenrollment notice must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your re-enrollment in your Essential Plan was effective January 1, 2018.

The record indicates that you updated your NYSOH account on December 5, 2017. As a result, you were found eligible for the Essential Plan as of January 1, 2018 and selected a plan for re-enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

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Since you selected an Essential Plan for re-enrollment on December 5, 2017, your enrollment properly took effective on the first day of the month following December 2017; that is, on January 1, 2018.

Therefore, the December 6, 2017 plan enrollment notice stating that your enrollment in the Essential Plan was effective January 1, 2018, is correct and must be AFFIRMED.

Decision

The November 1, 2017 discontinuance notice is AFFIRMED.

The November 1, 2017 plan disenrollment notice is AFFIRMED.

The December 6, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: March 1, 2018

How this Decision Affects Your Eligibility

NYSOH properly disenrolled you from your Essential Plan coverage as of October 31, 2017.

This Decision does not change your current eligibility.

The effective date of enrollment in your Essential Plan is January 1, 2018.

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):

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 November 1, 2017 discontinuance notice is AFFIRMED.

The November 1, 2017 plan disenrollment notice is AFFIRMED.

The December 6, 2017 plan enrollment notice is AFFIRMED.

NYSOH properly disenrolled you from your Essential Plan coverage as of October 31, 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).

This Decision does not change your current eligibility.

The effective date of enrollment in your Essential Plan is January 1, 2018.

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&etumi ama wo obi a okyerε 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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