



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 6, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025502

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 6, 2017 and December 20, 2017 eligibility determination 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
 PO 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(b).

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: April 6, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025502

[REDACTED]
[REDACTED]
[REDACTED]

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 eligibility for and enrollment in the Essential Plan terminated during the month of January 2018, because mail addressed to you had been returned to NYSOH as undeliverable?

Procedural History

On October 24, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your October 23, 2017 application, stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective December 1, 2017.

On October 25, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in Essential Plan 1 with UnitedHealthcare, with a plan enrollment start date of December 1, 2017.

On November 19, 2017, NYSOH issued a notice stating that your enrollment with Essential Plan 1 with UnitedHealthcare would end on December 31, 2017. This was because you had asked NYSOH to end this coverage on November 18, 2017.

Also on November 19, 2017, NYSOH issued an enrollment confirmation notice stating that you were enrolled in Essential Plan 1 with Fidelis Care, with a plan enrollment start date of January 1, 2018.

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On December 6, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible to receive health insurance through NYSOH, effective January 1, 2018, because notices regarding your eligibility and coverage sent by NYSOH to the mailing address in your account were returned 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 December 6, 2017, NYSOH issued a disenrollment notice stating that your coverage with the Essential Plan would end on January 1, 2018. This was because you were no longer eligible to enroll in health insurance through NYSOH.

According to your NYSOH account, on December 7, 2017 you updated your account.

Also on December 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination that stated you were not eligible for health insurance due to returned mail and the corresponding disenrollment notices.

On December 8, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your December 7, 2017 application, stating that you were eligible for the Essential Plan with a \$20.00 monthly premium for a limited time, effective January 1, 2018.

Also on December 8, 2017, NYSOH issued an enrollment confirmation notice based on your December 7, 2017 plan selection, stating that you were enrolled in Essential Plan 1 with Fidelis Care, with a plan enrollment start date of January 1, 2018.

On December 20, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible to receive health insurance through NYSOH, effective January 1, 2018, because notices regarding your eligibility and coverage sent by NYSOH to the mailing address in your account were returned 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 December 20, 2017, NYSOH issued a disenrollment notice stating that your coverage with the Essential Plan would end on January 1, 2018. This was because you were no longer eligible to enroll in health insurance through NYSOH.

According to your NYSOH account, on December 28, 2017, you updated your account and applied for financial assistance with health insurance.

On December 29, 2017, NYSOH issued an eligibility determination notice, based on the December 28, 2017 updated application, stating that you were eligible to receive up to \$383.00 per month in advance payments of the premium tax credit

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and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective February 1, 2018.

On January 9, 2018 you updated your account and applied for financial assistance with health insurance.

On January 10, 2018, NYSOH issued an eligibility determination notice, based on your January 9, 2018 application, stating that you were eligible for the Essential Plan with a \$20.00 monthly premium, effective February 1, 2018.

Also on January 10, 2018, NYSOH issued an enrollment confirmation notice based on your January 9, 2018 plan selection, stating that you were enrolled in Essential Plan 1 with Fidelis Care, with a plan enrollment start date of February 1, 2018.

On February 24, 2018 you updated your account and applied for financial assistance with health insurance.

On February 25, 2018, NYSOH issued a notice stating that you may be eligible for health insurance but more information was needed to determine your eligibility. The income information you provided did not match what NYSOH had obtained from State and Federal data sources and NYSOH was unable to determine your eligibility until you submitted additional income documentation. You had until March 11, 2018 to submit income documentation for your household.

On February 26, 2018, income documentation you submitted was reviewed and verified by NYSOH and an updated application for financial assistance with health insurance was submitted on your behalf.

On February 27, 2018, NYSOH issued an eligibility determination notice, based on the system updated application of February 26, 2018, stating that you were eligible for Medicaid, effective February 1, 2018.

Also on February 27, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid for the period of December 1, 2017 through January 31, 2018.

Findings of Fact

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

- 1) You testified that you were appealing your disenrollment from your Essential Plan due to returned mail in your account.

- 2) According to your NYSOH account and your testimony, you elected to receive all your notices from NYSOH by regular mail.
- 3) According to your NYSOH account, notices dated November 19, 2017 and December 6, 2017 regarding your eligibility and coverage were mailed to the address listed in your account were returned to NYSOH by the post office.
- 4) You testified that you are not sure why these notices were returned, because at that time, you had not changed addresses and had previously been receiving NYSOH notices by regular mail.
- 5) Because of mail being returned to NYSOH, the system updated your account and your enrollments in your Essential Plan were deleted on two occasions; December 6, 2017 and December 19, 2017. The December 19, 2017 disenrollment resulted in your not having health insurance coverage for the month of January 2018.
- 6) According to your NYSOH account, there are no documents in the "Generic Documents" tab that were returned as undeliverable, so the Appeals Unit cannot determine the nature of any return.
- 7) According to your NYSOH account, on February 27, 2018 you were determined eligible for Medicaid effective February 1, 2018. You were also found eligible for retroactive Medicaid assistance for the months of December 2017 and January 2018.
- 8) The record is devoid of any evidence that you have outstanding bills for medical service that may have been rendered in the month of January 2018.

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

Applicable Law and Regulations

Essential Plan

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility if enrollees are under age 65, not enrolled in minimum essential coverage, remain state residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12 month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid Social Security number, providing inaccurate information that would affect eligibility when requesting or

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renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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 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)).

Medicaid Start Date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your eligibility for the Essential Plan terminated such that you did not have health insurance coverage for the month of January 2018.

You were originally determined eligible for and enrolled in the Essential Plan effective December 1, 2017.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.

According to your NYSOH account, notices dated November 19, 2017 and December 6, 2017 regarding your eligibility and coverage that were mailed to the address listed in your account were returned to NYSOH by the post office. You

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testified that you are not sure why these notices were returned because at that time, you had not changed addresses and had previously been receiving NYSOH notices in the regular mail. Because of mail being returned to NYSOH, the system updated your account and your enrollments in your Essential Plan were deleted on two occasions; December 6, 2017 and December 19, 2017. The December 19, 2017 disenrollment resulted in your not having health insurance coverage for the month of January 2018.

According to your NYSOH account, there are no documents in the “Generic Documents” tab that were returned by the post office, so they cannot be reviewed by the Appeals Unit. Further, you credibly testified that at the time you were disenrolled, you had lived at the same address and continued to be a resident of New York State and had not moved.

Therefore, the Appeals Unit finds that there is no factual basis in the record to support NYSOH’s disenrolling you from your Essential Plan and that your disenrollments from your Essential Plan were in error.

Therefore, the December 6, 2017 and December 20, 2017 eligibility determination notices that stated you were not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address in your account were returned as undeliverable are RESCINDED. The corresponding December 6, 2017 and December 20, 2017 disenrollment notices are RESCINDED.

This decision does not affect any subsequent eligibility determination notices issued by NYSOH.

Ordinarily, your case would be RETURNED to NYSOH to reinstate you into your Essential Plan effective January 1, 2018. However, the record is devoid of any evidence that you had [REDACTED] during the month of January 2018. Further, the record reflects that subsequent to the February 23, 2018 hearing, you updated your account and were determined eligible for Medicaid effective February 1, 2018 and were also determined eligible for retroactive Medicaid fee-for-service for the months of December 2017 and January 2018. Therefore, the record reflects that you had health insurance coverage for the month of January 2018.

However, it is possible that if you did have medical services in the month of January 2018 that the medical care provider may not accept Medicaid-fee-for-services. Therefore, your case is RETURNED to NYSOH to contact you and you can elect to have your Essential Plan coverage reinstated for the month of January 2018. You would be responsible for any premium that would be due for the month of January 2018.

Decision

The December 6, 2017 and December 20, 2017 eligibility determination notices that stated you were not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account were returned as undeliverable are **RESCINDED**.

The December 6, 2017 and December 20, 2017 disenrollment notices are **RESCINDED**.

This decision does not affect any subsequent eligibility determination notices issued by NYSOH.

Your case is **RETURNED** to NYSOH to contact you to confirm whether you choose to enroll in your Essential Plan for the month of January 2018.

Effective Date of this Decision: April 6, 2018

How this Decision Affects Your Eligibility

NYSOH improperly terminated your Essential Plan for the month of January 2018.

Your case is **RETURNED** to NYSOH to contact you, and at your option you may elect to re-enroll in your Essential Plan for the month of January 2018.

You will be responsible for any premiums due for the month of January 2018 should you choose to reenroll in the Essential Plan for that month.

You have Medicaid coverage effective February 1, 2018.

You have Medicaid fee-for-service for the months of December 2017 and January 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the

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dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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
PO Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 6, 2017 and December 20, 2017 eligibility determination notices that stated you were not qualified to enroll through NYSOH because you were sent notices about your eligibility and coverage by U.S. mail to the mailing address provided in your account were returned as undeliverable are **RESCINDED**.

The December 6, 2017 and December 20, 2017 disenrollment notices are **RESCINDED**.

This decision does not affect any subsequent eligibility determination notices issued by NYSOH.

NYSOH improperly terminated your Essential Plan for the month of January 2018.

Your case is **RETURNED** to NYSOH to contact you, and at your option you may re-enroll in your Essential Plan for the month of January 2018.

You will be responsible for any premiums due for the month of January 2018 should you choose to reenroll in the Essential Plan for that month.

You have Medicaid coverage effective February 1, 2018.

You have Medicaid fee-for-service for the months of December 2017 and January 2018.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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。我们可以为您免费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.

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&stumi ama wo obi a okyer& 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 איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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