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

Notice of Decision

Decision Date: March 19, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000026730

[redacted]

Dear [redacted],

On March 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2017 discontinuance 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.

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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).

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

Decision

Decision Date: March 19, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000026730

[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 you were no longer qualified to enroll in health insurance coverage and disenrolled from your Essential Plan coverage, effective January 1, 2018?

Procedural History

On January 18, 2017, a navigator submitted an updated application for financial assistance with health insurance to NY State of Health (NYSOH) on your behalf.

On January 19, 2017, NYSOH issued an eligibility redetermination notice, based on the January 18, 2017 application, stating that you were eligible to enroll in an Essential Plan, with a $20.00 monthly premium, effective February 1, 2017.

Also on January 19, 2017, NYSOH issued an enrollment confirmation notice, based on a plan selection made January 18, 2017, stating that you were enrolled in an Essential Plan with a $20.00 monthly premium, effective February 1, 2017.

On December 3, 2017, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, because federal and state data sources showed that your income was between $0.00 and $16,643.00, you qualified for Medicaid, effective February 1, 2018, and that you no longer qualified for the Essential Plan as of January 31, 2018. This notice was mailed to [redacted].

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On December 14, 2017, the December 3, 2017 renewal notice was returned to NYSOH as undeliverable by the US Postal Service.

On December 16, 2017, NYSOH issued a discontinuance notice, stating that you were no longer eligible for health insurance through NYSOH, effective January 1, 2018. The notice stated that you no longer qualified for health insurance through NYSOH because mailings sent to the mailing address on your account were returned as undeliverable. The notice further requested that you update your mailing address so NYSOH could redetermine your eligibility for health coverage.

On December 16, 2017, NYSOH issued a disenrollment notice, stating that your coverage in your Essential Plan would end on December 31, 2017.

On December 27, 2017, a navigator submitted an updated application for financial assistance with health insurance on your behalf and verified that your address was [redacted].

On December 28, 2017, NYSOH issued an eligibility redetermination notice, based on the December 27, 2017 application, stating that you were eligible to enroll in the Essential Plan with a $20.00 monthly premium, effective February 1, 2018.

Also on December 28, 2017, NYSOH issued an enrollment confirmation notice, based on a plan selection made on December 27, 2017, stating that you were enrolled in an Essential Plan, with a $20.00 monthly premium and a plan enrollment start date of February 1, 2018.

On January 3, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar as you were without coverage in your Essential Plan for the month of January 2018.

On March 13, 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 during December 2017 you had elected to receive notices from NYSOH by regular mail.

2) You testified that your legal mailing address is [redacted] You further testified that this has been your legal mailing address for at least seven years.

3) You testified that in the last week of October 2017, you moved, for medical treatment, to [redacted]. You further testified that you had set-up mail forwarding through the US Postal Service from [redacted] address to [redacted] address on November 7, 2017.

4) Your NYSOH account reflects that from January 28, 2016 to January 11, 2018, your reported mailing address was [redacted]

5) You testified, and your NYSOH account reflects, that on January 11, 2018 you updated your mailing address to [redacted]

6) You testified that you learned that you had been disenrolled from your Essential Plan when you received a letter from your health plan, dated December 18, 2017. You further testified that you did not receive the December 3, 2017 renewal notice or the December 16, 2017 discontinuance and disenrollment notices.

7) You testified that you were seeking either a January 1, 2018 start date of a new Essential Plan or reinstatement into your Essential Plan that was terminated effective January 1, 2018 through this appeal.

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)).

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 under review is whether NYSOH properly determined that you were no longer qualified to enroll in health insurance coverage through NYSOH and disenrolled from your Essential Plan coverage, effective January 1, 2018.

On December 16, 2017, NYSOH issued a discontinuance notice stating that you no longer qualified for health insurance through NYSOH, effective January 1, 2018, because mailings sent to the mailing address on your account were returned as undeliverable. NYSOH also issued a disenrollment notice stating that your Essential Plan coverage would end December 31, 2017.

One of the conditions of eligibility for the Essential Plan is for the applicant to be a resident of New York State. Under the Essential Plan, an individual is deemed to be a resident if they intend to reside in the state, even without a fixed address, or has entered with a job commitment or is seeking employment.

In the present instance, the record reflects that you had a temporary address of [redacted] while also maintaining a legal mailing address of [redacted]
Regardless of the mailing address, you intended to, and in fact did, reside in New York during the period when mailings were returned to NYSOH as undeliverable. As such, for Essential Plan purposes, you were a resident of New York State at the time of the December 16, 2017 discontinuance notice.

Therefore, the December 16, 2017 discontinuance notice is RESCINDED because it improperly terminated your eligibility for and enrollment in the Essential Plan for failure to meet residency requirements.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of January 1, 2018.

Decision

The December 16, 2017 discontinuance notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of January 1, 2018.

Effective Date of this Decision: March 19, 2018

How this Decision Affects Your Eligibility

Your Essential Plan should not have terminated as of January 1, 2018.

Your case is being sent back to NYSOH to enroll you in your Essential Plan as of 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 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 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 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 December 16, 2017 discontinuance notice is RESCINDED.

Your Essential Plan should not have terminated as of January 1, 2018.

Your case is RETURNED to NYSOH to reinstate you into your Essential Plan as of 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:

[redacted]

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).

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।

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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