



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

Notice of Decision

Decision Date: April 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027996

[REDACTED]

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 28, 2017 discontinuance and disenrollment notices, and January 16, 2018 eligibility determination and enrollment confirmation 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).

This page intentionally left blank.

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

Decision

Decision Date: April 9, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027996

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that you were no longer eligible to enroll in coverage through NYSOH because mail sent to you was returned to NYSOH as undeliverable?

Did NYSOH properly determine that your eligibility for, and enrollment in, your Essential Plan coverage began on February 1, 2018?

Procedural History

On December 15, 2017, you updated your NYSOH application for financial assistance with health insurance.

On December 16, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan for a limited time with a \$20.00 monthly premium, effective January 1, 2018. The notice further directed you to submit documentation of your income by March 15, 2018.

Also on December 16, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning January 1, 2018.

On December 27, 2017, NYSOH's system redetermined your eligibility.

On December 28, 2017, NYSOH issued a discontinuance notice stating that you were no longer eligible to enroll in coverage through NYSOH, effective January

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).

1, 2018. This was because mail sent to you at the mailing address listed in your NYSOH account was returned to NYSOH as undeliverable.

Also on December 28, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your Essential Plan would end as of January 1, 2018.

On January 15, 2018, you updated your NYSOH account, including your residential and mailing address.

On January 16, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective February 1, 2018. The notice also directed you to submit documentation of your income by April 15, 2018.

Also on January 16, 2018, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan beginning February 1, 2018.

On January 29, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Essential Plan, insofar as it did not begin January 1, 2018.

On March 22, 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 were enrolled into an Essential Plan for a limited time, effective January 1, 2018.
- 2) Your NYSOH account reflects that your December 15, 2017 application for health insurance coverage was completed by someone with the username "[REDACTED]". During the hearing, you testified that this is your username.
- 3) You testified that you believe both you and NYSOH made changes to your account on December 15, 2017.
- 4) Your NYSOH account reflects that your mailing address was updated on December 15, 2017 by the username, [REDACTED]
- 5) The "Events" tab in your NYSOH account does not reflect that any changes were made to your account on December 15, 2017 by any NYSOH agent.

- 6) The mailing address listed in your account was changed from [REDACTED] on December 15, 2017.
- 7) You testified that you know you went over your mailing address with the NYSOH representative you spoke with on December 15, 2017, and that the whole reason you called NYSOH while completing your application online was to make sure you did everything correctly.
- 8) The “Events” tab in your NYSOH account reflects that, on December 26, 2017, the December 16, 2017 eligibility determination and enrollment confirmation notices were marked as “undelivered” in your NYSOH account.
- 9) The “Events” tab in your NYSOH account reflects that, on December 27, 2017, your mailing address was marked “invalid” in your NYSOH account, and on December 28, 2017, NYSOH issued discontinuance and disenrollment notices.
- 10) The “Events” tab in your NYSOH account reflects that, on January 8, 2018, the December 28, 2017 discontinuance and disenrollment notices were marked as “undelivered” in your NYSOH account.
- 11) You testified that your understanding was that your coverage was going to begin on January 1, 2018.
- 12) You testified that, when you did not hear anything about your coverage or receive any information, you called NYSOH again.
- 13) You testified that the person you spoke with at NYSOH told you that “the county was wrong or something” which caused you to lose coverage.
- 14) Your NYSOH account reflects that you updated your application for financial assistance again on January 15, 2018, and that you did so on the phone with a NYSOH representative.
- 15) Your NYSOH account reflects that your mailing address was changed on January 15, 2018 from [REDACTED]
- 16) You testified that you do not think your coverage should have been terminated just because there was something wrong with your address.
- 17) You testified that you have medical bills from January 2018 that are unpaid because you did not have coverage.

18) After the hearing, the Hearing Officer listened to the recording of your phone call with NYSOH on December 15, 2017. During the call, you made changes to the income information in your account, and finished processing your application while you were on the phone with the NYSOH representative. There was no discussion of your address at any point during the call.

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)).

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).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were no longer eligible for coverage through NYSOH because mail sent to you at the mailing address in your NYSOH account was returned to NYSOH as undeliverable.

The Essential Plan can both be provided through NYSOH to individuals who meet the financial and non-financial eligibility requirements. One of the non-financial requirements is that an individual seeking coverage, or enrolled in coverage, must be a NY State resident.

On December 16, 2017, NYSOH sent you two notices at the mailing address in your account confirming your eligibility for, and enrollment in, the Essential Plan. According to your account, on December 26, 2017, these notices were returned to NYSOH as undeliverable. As a result, NYSOH was unable to verify that you were still a NY State resident, and NYSOH issued a notice on December 28, 2017 informing you that you were no longer eligible to enroll in coverage through NYSOH.

You testified that you updated your NYSOH account on December 15, 2017, and you confirmed that your username is [REDACTED]. Though you testified that you thought a NYSOH representative may have made changes to your account that day as well, the record reflects that all account updates on December 15, 2017 were made with your username. One of the changes made was to your mailing address, which you changed to "[REDACTED]." However, you kept the city as "[REDACTED]" and the "[REDACTED]" zip code from your previous address. During the hearing, you confirmed that your address was actually "[REDACTED]"

Because of the incorrect address entry on December 15, 2017, mail was returned to NYSOH as undeliverable, and NYSOH discontinued your eligibility because your status as a NY State resident could not be confirmed. You testified that one of the reasons you called NYSOH on December 15, 2017 while you were updating your application was to ensure that you had entered your information accurately. However, since you made the change to your address yourself online, and since you did not discuss your address with the NYSOH representative you spoke with, the fact that you entered your address with an incorrect city and zip code is not attributable to any error on the part of NYSOH.

Therefore, NYSOH correctly found that you were ineligible for coverage through NYSOH, based on the return of mail sent to you by NYSOH as undeliverable. As such, the December 28, 2017 discontinuance and disenrollment notices are **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, your Essential Plan coverage began on February 1, 2018.

Your NYSOH account reflects that you updated your application and enrollment on January 15, 2018, and you confirmed that this was correct in your testimony. On January 16, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, pending documentation of your income, effective February 1, 2018. NYSOH also issued a notice confirming your enrollment in an Essential Plan, beginning February 1, 2018.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for 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.

On January 15, 2018, you updated your application and selected an Essential Plan, so your eligibility and enrollment properly took effect the first day of the following month: that is, on February 1, 2018.

Therefore, the January 16, 2018 eligibility determination and enrollment confirmation notices are AFFIRMED.

Decision

The December 28, 2017 discontinuance and disenrollment notices are AFFIRMED.

The January 16, 2018 eligibility determination and enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: April 9, 2018

How this Decision Affects Your Eligibility

You were properly disenrolled from your Essential Plan coverage, effective January 1, 2018, because mail sent to you at the mailing address in your account was returned to NYSOH as undeliverable.

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).

Your eligibility for, and re-enrollment in, your Essential Plan coverage properly began on February 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 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

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).

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

Summary

The December 28, 2017 discontinuance and disenrollment notices are **AFFIRMED**.

The January 16, 2018 eligibility determination and enrollment confirmation notices are **AFFIRMED**.

You were properly disenrolled from your Essential Plan coverage, effective January 1, 2018, because mail sent to you at the mailing address in your account was returned to NYSOH as undeliverable.

Your eligibility for, and re-enrollment in, your Essential Plan coverage properly began on February 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।

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 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 srε wo, frε 1-855-355-5777. ye&εtumi 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.

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).