

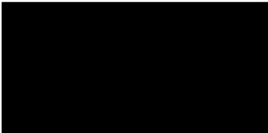


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028166



Dear [REDACTED]

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 3, 2017 discontinuance notice and the January 23, 2018 enrollment confirmation 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.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028166



Issues

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

Did NY State of Health (NYSOH) properly determine your eligibility for and enrollment in an Essential Plan ended, effective December 31, 2017?

Did NYSOH properly determine the reenrollment in your Essential Plan became effective no earlier than March 1, 2018?

Procedural History

On February 1, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, effective March 1, 2017.

Also on February 1, 2017, NYOSH issued an enrollment notice confirming your enrollment in an Essential Plan, effective March 1, 2017.

On October 28, 2017, NYSOH issued a renewal notice stating, in part, that your coverage was being automatically renewed for the upcoming coverage year. The notice stated that, based on income information received from state and federal data sources, you were eligible for Medicaid, effective January 1, 2018. The notice stated that you needed to choose a health plan between November 16, 2017 and December 15, 2017 for the next coverage year. The notice also gave you instructions as to what to do if you thought this notice was wrong.

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On November 18, 2017, NYSOH issued a disenrollment notice stating that your coverage in your Essential Plan would end on December 31, 2017. This was because you were no longer eligible to enroll in the Essential Plan.

Also on November 18, 2017, NYSOH issued an enrollment notice stating that you needed to pick a plan.

On December 3, 2017, NYSOH issued a discontinuance notice stating, in part, that you were no longer eligible to enroll in health insurance through NYSOH, effective December 3, 2017, because a notice issued to you by NYSOH about your eligibility and coverage had been returned as undeliverable. The notice directed you to update the mailing address on your account, so NYSOH could redetermine your eligibility for health coverage.

On January 22, 2018, NYSOH you submitted an updated application for financial assistance with health insurance and the mailing address on your account was updated.

On January 23, 2018, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, for a limited time, effective March 1, 2018.

Also on January 23, 2018, NYSOH issued an enrollment notice, based on your January 22, 2018 plan selection, confirming your enrollment in an Essential Plan, effective March 1, 2018.

Additionally, on January 23, 2018, NYSOH issued a notice confirming the mailing address on your account had been changed.

On January 31, 2018, you spoke with NYSOH's Accounts Review Unit and appealed insofar as you were not enrolled in an Essential Plan for the month of January 2018 and February 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 enrolled in an Essential Plan, effective February 1, 2017.
- 2) According to your NYSOH account and your testimony, you receive your communication from NYSOH by US mail.

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- 3) Your account confirms that the mailing address listed on your account at the time of your February 3, 2017 enrollment was [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
- 4) You testified that you were living with [REDACTED] at the [REDACTED] [REDACTED] [REDACTED] address.
- 5) You testified that [REDACTED] sold the [REDACTED] [REDACTED] [REDACTED] residence in August or September 2017.
- 6) You testified that for the next several months you lived at the home of either a friend or your sister.
- 7) You testified that you had to go to the emergency room in January 2018 and that is when you learned you did not have health insurance.
- 8) You testified that you did not know you had to update your mailing address with NYSOH when you changed residences.
- 9) The November 18, 2017 disenrollment and enrollment notices were addressed to the mailing address listed on your account at that time, [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
- 10) According to your account, the November 18, 2017 disenrollment and enrollment notices were returned to NYSOH as undeliverable and the mailing address on your account was systematically marked invalid on December 2, 2017.
- 11) You were determined ineligible for health insurance through NYSOH, effective December 3, 2017, and your Essential Plan enrollment was terminated, effective December 31, 2017.
- 12) According to your NYSOH account, the December 3, 2017 discontinuance notice was returned to NYSOH by the post office as undeliverable on December 11, 2017.
- 13) On January 22, 2018 you updated your account and your mailing address was changed to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
- 14) You were determined eligible for the Essential Plan, effective March 1, 2018.
- 15) An Essential Plan reenrollment request was submitted on January 22, 2018, and coverage through that plan became effective March 1, 2018.
- 16) According to your account, there is no record of any changes made to the mailing address listed on your account between December 20, 2016,

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when your account was created, and January 22, 2018, when your address was changed to [REDACTED]

- 17) Your account confirms that you had a gap in health coverage for the months of January 2018 and February 2018.
- 18) You testified that you have outstanding medical bills from January 2018 and you are seeking reinstatement in your Essential Plan effective January 1, 2018.

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).

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 first issue under review is whether NYSOH properly determined your eligibility for and enrollment in an Essential Plan ended, effective December 31, 2017.

Your account confirms that you enrolled in an Essential Plan, effective February 1, 2017, and that the mailing address listed on your account at that time was [REDACTED]. On October 28, 2017, NYSOH issued a renewal notice to you stating in part, that, based on income information received from state and federal data sources, you were eligible for Medicaid, effective January 1, 2018. The notice stated that you needed to choose a health plan between November 16, 2017 and December 15, 2017 for the next coverage year.

On November 18, 2017, NYSOH issued a disenrollment notice stating that your Essential Plan would end on December 31, 2017 and an enrollment notice stating that you needed to pick a health plan. Those notices were addressed to the mailing address listed on your account, [REDACTED].

According to your account, the November 18, 2017 notices were returned to NYSOH as undeliverable and the mailing address on your account was systematically marked invalid on December 2, 2017. You were determined ineligible for health insurance through NYSOH, effective December 3, 2017, and your Essential Plan enrollment was terminated, effective December 31, 2017.

You testified that you were living with a relative who sold his house in August or September of 2017. You testified that you then lived for several months either with a friend or at your sister's home. You testified that you did not know you had to update your mailing address with NYSOH.

On January 22, 2018 you updated your account and submitted an application for financial assistance with health insurance. You also updated your address to [REDACTED] at that time. You appealed the termination of your Essential Plan insofar as you were not covered for the months of January 2018 and February 2018.

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.

Pursuant to the regulations, only NY State residents are eligible to enroll in the Essential Plan. Based on your testimony, [REDACTED] was not your mailing address at the time NYSOH issued you the October 28, 2017 renewal notice, the November 18, 2017 disenrollment notice, the November 18, 2017 enrollment notice advising you to pick a plan and the December 3, 2017 discontinuance notice. The evidence in the record establishes that you failed to timely update your current mailing address with NYSOH prior the issuance of those notices. NYSOH properly determined you ineligible to remain in the Essential Plan, effective December 3, 2017, because, as a result of the returned November 18, 2017 notices, your status as a state resident could not be confirmed.

Therefore, the November 18, 2017 disenrollment notice stating that your coverage in your Essential Plan ended on December 31, 2017 is AFFIRMED. The December 3, 2017 discontinuance notice stating you were no longer eligible for health insurance through NYSOH because mailings sent to you by NYSOH were returned as undeliverable, effective December 3, 2017, was correct and is AFFIRMED.

The second issue under review is whether NYSOH properly determined the reenrollment in your Essential Plan became effective no earlier than March 1, 2018.

Your account confirms that on January 22, 2018 you submitted an updated application for financial assistance with health insurance and were determined eligible for the Essential Plan effective March 1, 2018. On January 22, 2018 you selected an Essential Plan and coverage through that plan became effective March 1, 2018. You appealed insofar as you were not enrolled in an Essential Plan for the months of January 2018 and February 2018.

Pursuant to the above cited regulations, the date an Essential Plan takes effect depends on the date in which the plan is selected. For selections received by NYSOH from the first to the fifteenth of any month, NYSOH must generally ensure that coverage is effective the first day of the following month. 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.

Since the evidence establishes that your Essential Plan was selected on January 22, 2018, after the fifteenth day of the month, coverage through that plan could not become effective until the first day of the second following month; that is, on March 1, 2018.

Therefore, the January 23, 2018 enrollment notice confirming you were enrolled in an Essential Plan, effective March 1, 2018, was correct and is AFFIRMED.

Decision

The November 18, 2017 disenrollment notice stating that your coverage in your Essential Plan ended on December 31, 2017 is AFFIRMED.

The December 3, 2017 discontinuance notice stating you were no longer eligible for health insurance through NYSOH because mailings sent to you by NYSOH were returned as undeliverable, effective December 3, 2017, was correct and is AFFIRMED.

The January 23, 2018 enrollment notice confirming you were enrolled in an Essential Plan, effective March 1, 2018, was correct and is AFFIRMED.

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).

Effective Date of this Decision: May 31, 2018

How this Decision Affects Your Eligibility

Your Essential Plan enrollment ended December 31, 2017.

You were not eligible to enroll in an Essential Plan in January 2018 and February 2018.

Your Essential Plan reenrollment became effective on March 1, 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 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

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).

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 18, 2017 disenrollment notice stating that your coverage in your Essential Plan ended on December 31, 2017 is **AFFIRMED**.

The December 3, 2017 discontinuance notice stating you were no longer eligible for health insurance through NYSOH because mailings sent to you by NYSOH were returned as undeliverable, effective December 3, 2017, was correct and is **AFFIRMED**.

The January 23, 2018 enrollment notice confirming you were enrolled in an Essential Plan, effective March 1, 2018, was correct and is **AFFIRMED**.

Your Essential Plan enrollment ended December 31, 2017.

You were not eligible to enroll in an Essential Plan in January 2018 and February 2018.

Your Essential Plan reenrollment became effective on March 1, 2018.

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 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 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&btumi 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.

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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