



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

Notice of Decision

Decision Date: April 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028943

[REDACTED]

On April 19, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 14, 2018 discontinuance and disenrollment notices and the January 19, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 26, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000028943

[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 your eligibility for and enrollment in an Essential Plan ended, effective January 31, 2018?

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

Procedural History

On January 7, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, effective February 1, 2017.

Also on January 7, 2017, NYOSH issued an enrollment notice confirming your enrollment in an Essential Plan, effective February 1, 2017.

On January 2, 2018, NYSOH issued a renewal notice indicating 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 March 1, 2018. The notice indicated you were being automatically enrolled into a Medicaid Managed Care plan, effective March 1, 2018.

On January 14, 2018, NYSOH issued a discontinuance notice stating you were no longer eligible to enroll in health insurance through NYSOH, effective February 1, 2018, because a notice issued to you by NYSOH about your eligibility and coverage had been returned as undeliverable. The notice directed

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you to update the mailing address on your account, so NYSOH could redetermine your eligibility for health coverage.

Also on January 14, 2018, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on January 31, 2018, because you were no longer eligible to enroll in that plan.

On January 18, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf and the mailing address on your account was updated.

On January 19, 2018, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on January 19, 2018, NYSOH issued an enrollment notice, based on your January 18, 2018 plan selection, confirming your enrollment in an Essential Plan, effective March 1, 2018.

Additionally, on January 19, 2018, NYSOH issued a notice confirming the mailing address on your account had been changed.

On January 20, 2018, NYSOH issued a notice confirming the mailing address on your account had been updated again.

On February 15, 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 February 2018

On April 19, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

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) Your account confirms that you receive your communication from NYSOH by U.S. mail.
- 3) Your account confirms that the mailing address listed on your account at the time of your February 1, 2017 enrollment was [REDACTED]

- 4) You testified that the [REDACTED] address was your mother's address where you resided until [REDACTED] approximately three years ago.
- 5) You testified that you are not sure of the date in which the [REDACTED] address ceased to be your mailing address.
- 6) On January 2, 2018, NYSOH issued a renewal notice to you stating your coverage for the upcoming 2018 coverage year was being automatically renewed.
- 7) The January 2, 2018 renewal notice was addressed to the mailing address listed on your account at that time, [REDACTED].
- 8) According to your account, the January 2, 2018 renewal notice was returned to NYSOH as undeliverable and the mailing address on your account was systematically marked invalid on January 14, 2018.
- 9) You were determined ineligible for health insurance through NYSOH, effective February 1, 2018, and your Essential Plan enrollment was terminated, effective January 31, 2018.
- 10) On January 18, 2018 you updated your account and your mailing address was changed to [REDACTED].
- 11) You were determined eligible for the Essential Plan, effective March 1, 2018.
- 12) An Essential Plan reenrollment request was submitted on your behalf the same day, January 18, 2018, and coverage through that plan became effective March 1, 2018.
- 13) You testified that your mailing address was incorrectly updated on January 18, 2018, because the representative submitting your application entered your zip code as 10567 rather than 10566.
- 14) Your account confirms that the following day, January 19, 2018, the mailing address on your account was changed to [REDACTED]. You testified that is your correct mailing address.
- 15) You testified that [REDACTED] is your current mailing address and that you have lived there since July of 2017.

- 16) You testified that prior to moving to your current address, you resided with [REDACTED] at [REDACTED] [REDACTED] for approximately six months.
- 17) You testified that you are not sure when you first contacted NYSOH to notify them that your mailing address had changed from [REDACTED] [REDACTED].
- 18) According to your account, there is no record of any changes made to the mailing address listed on your account between January 6, 2017, when your account was created, and January 18, 2018, when your address was changed to [REDACTED].
- 19) Your account confirms that you had a gap in health coverage for the month of February 2018.
- 20) You testified that you have outstanding medical bills from February 2018 and you are seeking reinstatement in your Essential Plan for that month, because you believe your January 31, 2018 disenrollment was caused by the NYSOH representative incorrectly entering the wrong zip code on January 18, 2018 when you attempted to update the mailing address on your account.

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

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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 January 31, 2018.

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 January 2, 2018, NYSOH issued a renewal notice to you stating your coverage for the upcoming 2018 coverage year was being automatically renewed. That notice was addressed to the mailing address listed on your account, [REDACTED].

According to your account, the January 2, 2018 renewal notice was returned to NYSOH as undeliverable and the mailing address on your account was systematically marked invalid on January 14, 2018. You were determined ineligible for health insurance through NYSOH, effective February 1, 2018, and your Essential Plan enrollment was terminated, effective January 31, 2018. You appealed the termination of your Essential Plan insofar as you were not covered for the month of February 2018.

Pursuant to the regulations, only NY State residents are eligible to enroll in the Essential Plan. Based on your testimony that [REDACTED] was not your mailing address at the time NYSOH issued you the January 2, 2018 renewal notice as well as the evidence in the record establishing that you failed to timely update your current mailing address with NYSOH prior the issuance of the January 2, 2018 notice, NYSOH properly determined you ineligible to remain in the Essential Plan, effective February 1, 2018, because, as a result of the returned January 2, 2018 notice, your status as a state resident could not be confirmed.

Therefore, the January 14, 2018 discontinuance and disenrollment notices stating your eligibility for and enrollment in an Essential Plan ended, effective January 31, 2018, were correct and are AFFIRMED.

It is noted that you testified you were disenrolled from your Essential Plan on January 31, 2018 due to NYSOH incorrectly entering the wrong zip code on January 18, 2018 when you attempted to update the mailing address on your

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account. However, your contention is not supported by the record. The evidence establishes that you were disenrolled from your Essential Plan because of the January 2, 2018 renewal notice being returned as undeliverable. The January 14, 2018 discontinuance and disenrollment notices were issued prior to your address being updated on January 18, 2018. Although the record supports a finding corroborating your testimony that your mailing address was incorrectly updated on January 18, 2018, your account further confirms that this was rectified the following day and that there were no ill effects to your coverage because of the error.

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 an Essential Plan reenrollment request was submitted on your behalf on January 18, 2018, and coverage through that plan became effective March 1, 2018. You appealed insofar as you were not enrolled in an Essential Plan for the month of 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 18, 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 19, 2018 enrollment notice confirming you were enrolled in an Essential Plan, effective March 1, 2018, was correct and is AFFIRMED.

Decision

The January 14, 2018 discontinuance and disenrollment notices are AFFIRMED.

The January 19, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: April 26, 2018

How this Decision Affects Your Eligibility

Your initial Essential Plan enrollment ended January 31, 2018.

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

Your Essential Plan reenrollment became effective on March 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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 14, 2018 discontinuance and disenrollment notices are AFFIRMED.

The January 19, 2018 enrollment confirmation notice is AFFIRMED.

Your initial Essential Plan enrollment ended January 31, 2018.

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

Your Essential Plan reenrollment became effective on March 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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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.