



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

## Notice of Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028953

[REDACTED]

[REDACTED]

On April 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 17, 2017 eligibility determination and December 18, 2017 disenrollment 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).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 24, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028953

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that your spouse was no longer eligible to enroll in the Essential Plan such that their coverage ended as of December 31, 2017?

## Procedural History

On March 3, 2017, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective April 1, 2017.

Also on March 3, 2017, NYSOH issued a plan enrollment notice confirming that as of March 2, 2017, your spouse was enrolled in an Essential Plan with an enrollment start date of April 1, 2017.

On October 24, 2017, NYSOH issued a notice stating that it was time to renew your spouse's health insurance. That notice stated that based on the information from federal and state sources, NYSOH could not determine whether your spouse qualified for financial assistance paying for their health coverage. You were instructed to update your account by December 15, 2017 or your spouse may lose their health insurance coverage.

On December 16, 2017, your account was systematically updated.

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On December 17, 2017, NYSOH issued an eligibility determination notice stating that your spouse was newly eligible to purchase a qualified health plan at full cost, effective January 1, 2018. Further, the notice stated that your spouse did not qualify for financial assistance because you did not renew your spouse's coverage within the required timeframe.

On December 18, 2017, NYSOH issued a disenrollment notice stating that your spouse's Essential Plan coverage would end on December 31, 2017, because they were no longer eligible to enroll in the Essential Plan.

On January 25, 2018, your account was updated.

On January 26, 2018, NYSOH issued an eligibility determination notice stating that your spouse was eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective March 1, 2018. The notice instructed you to submit additional proof of income by April 25, 2018, to confirm their eligibility.

Also on January 26, 2018, NYSOH issued a plan enrollment notice confirming that as of January 25, 2018, your spouse was enrolled in an Essential Plan with an enrollment start date of March 1, 2018.

On February 15, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as your spouse was not enrolled in health insurance coverage for the months of January 2018 and February 2018.

On April 17, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken and the record was fully developed during the hearing. The record was closed at the end of the hearing.

## **Findings of Fact**

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

- 1) According to your NYSOH account, you are applying for health insurance coverage for your spouse.
- 2) According to your NYSOH account, your spouse was determined eligible for and enrolled in an Essential Plan, effective April 1, 2017.
- 3) On October 24, 2017, NYSOH issued a renewal notice indicating that you needed to update your account by December 15, 2017, for your spouse's health insurance to continue (see Document [REDACTED] uploaded [REDACTED]).

- 4) You testified that you did not receive the October 24, 2017 renewal notice from NYSOH.
- 5) According to your NYSOH account, no updates were made to the account by December 15, 2017.
- 6) You testified that you were not aware that your spouse's health insurance coverage had lapsed until you were informed by your spouse's physician.
- 7) According to NYSOH account, on January 25, 2018, your spouse was reenrolled in an Essential Plan with an enrollment start date of March 1, 2018.
- 8) You testified that you want your spouse to be enrolled in an Essential Plan during the months of January 2018 and February 2018, to cover any medical expenses that were incurred those months.
- 9) According to your NYSOH account, your spouse's birth date is [REDACTED] and they were [REDACTED] at all times relevant.

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

## **Applicable Law and Regulations**

### Essential Plan: Renewal

New York State has elected to adopt the Medicaid policy regarding continuous enrollment throughout the year (42 CFR § 600.320(d); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

An individual may apply and enroll for coverage in an Essential Plan at any point in time throughout the year, including outside the open enrollment period and without needing a special enrollment period (NY Social Services Law § 369-gg(4)(d)).

New York State has elected to redetermine Essential Plan enrollees every 12 months from the effective date of eligibility if enrollees remain under the age of 65, are not enrolled in minimum essential coverage, and remain state residents. 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 renewing health coverage, failure to make the

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applicable premium payment, or changes in circumstances (42 CFR § 600.340(f); NY Social Services Law § 369-gg(3) and (4)(d)). Enrollees are required to report changes in circumstances within 30 days, which NYSOH will assess and act upon accordingly (New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your spouse was no longer eligible to enroll in the Essential Plan such that their coverage ended as of December 31, 2017.

On March 3, 2017, NYSOH issued notice stating that your spouse was eligible for the Essential Plan and was enrolled in a health plan with an enrollment start date of April 1, 2017.

On October 24, 2017, NYSOH issued a renewal notice stating that based on information from federal and state sources, NYSOH could not determine whether your spouse qualified for financial help paying for their health coverage. Further, you were instructed to update your account by December 15, 2017, or your spouse might lose their health insurance coverage.

The record reflects that you did not update the account by December 15, 2017. Therefore, NYSOH determined that your spouse was no longer eligible to enroll in the Essential Plan and ended their coverage as of December 31, 2017.

New York State has elected to redetermine the eligibility of an individual who is enrolled in an Essential Plan every 12 month from the effective date of their eligibility determination. An individual who is determined eligible to enroll in an Essential Plan shall have their eligibility continued for twelve continuous months as long as they remain eligible to enroll in the Essential Plan during that period of time.

Since your spouse was determined eligible for and enrolled in the Essential Plan as of April 1, 2017, your spouse's coverage should have continued for 12 months; that is, until March 31, 2018, as long as your spouse remained eligible to enroll in an Essential Plan.

In the present case, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible for financial assistance because you did not respond to the renewal notice. The record does not contain one of the disqualifying events that would have ended your spouse's coverage in the Essential Plan prior to the end of the 12-month period. Therefore, NYSOH improperly ended your spouse's coverage as of December 31, 2017.

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The December 17, 2017 eligibility determination notice is RESCINDED.

The December 18, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's Essential Plan coverage for the months of January 2018 and February 2018, and to notify you accordingly.

## **Decision**

The December 17, 2017 eligibility determination notice is RESCINDED.

The December 18, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's Essential Plan coverage for the months of January 2018 and February 2018, and to notify you accordingly.

**Effective Date of this Decision:** April 24, 2018

## **How this Decision Affects Your Eligibility**

NYSOH erred in disenrollment your spouse from their Essential Plan as of December 31, 2017. Your case is being sent back to NYSOH to reinstate your spouse's coverage in Essential Plan for the months of January 2018 and February 2018. NYSOH will notify you once reinstatement has been made.

You will be responsible for paying the health insurance premiums to the health plan directly to effectuate coverage for the months of January 2018 and February 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.

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).

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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The December 17, 2017 eligibility determination notice is RESCINDED.

The December 18, 2017 disenrollment notice is RESCINDED.

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Your case is RETURNED to NYSOH to reinstate your spouse's Essential Plan coverage for the months of January 2018 and February 2018, and to notify you accordingly.

NYSOH erred in disenrollment your spouse from their Essential Plan as of December 31, 2017. Your case is being sent back to NYSOH to reinstate your spouse's coverage in Essential Plan for the months of January 2018 and February 2018. NYSOH will notify you once reinstatement has been made.

You will be responsible for paying the health insurance premiums to the health plan directly to effectuate coverage for the months of January 2018 and February 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**

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 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 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 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 איר געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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