



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

Notice of Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029555



Dear [REDACTED],

On April 24, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 23, 2018 discontinuance and 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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Decision

Decision Date: May 10, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029555



Issue

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

Did NY State of Health (NYSOH) properly determine your eligibility for and enrollment in an Essential Plan ended, effective February 28, 2018?

Procedural History

On April 12, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, effective February 1, 2017.

On April 14, 2017, NYOSH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care plan, effective May 1, 2017.

On January 2, 2018, NYSOH issued a renewal notice indicating it was time to renew your coverage for the upcoming coverage year. The notice stated that, based on income information received from state and federal data sources, NYSOH could not decide whether you qualified for financial help with your health insurance. You were directed to update your account by February 15, 2018, so NYSOH could determine your eligibility.

On February 8, 2018, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf.

On February 9, 2018, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan, effective March 1, 2018.

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Also on February 9, 2018, NYSOH issued an enrollment notice, based on your February 8, 2018 plan selection, confirming your enrollment in an Essential Plan, effective March 1, 2018.

Additionally, on February 9, 2018, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan enrollment would end on February 28, 2018, because you were no longer eligible to enroll in that plan.

On February 23, 2018, NYSOH issued a discontinuance notice stating you were no longer eligible to enroll in health insurance through NYSOH, effective March 1, 2018, because notices 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.

Also on February 23, 2018, NYSOH issued a disenrollment notice stating your Essential Plan coverage would end on March 1, 2018, because you were no longer eligible to enroll in that plan.

On February 28, 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. That day, a preliminary eligibility determination was prepared finding you eligible for the Essential Plan, effective April 1, 2018, and you selected a plan for enrollment.

Also on February 28, 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 March 2018.

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

Also on March 1, 2018, NYSOH issued an enrollment notice, based on your February 28, 2018 plan selection, confirming your enrollment in an Essential Plan, effective April 1, 2018.

Additionally, on March 1, 2018, NYSOH issued a notice confirming the mailing address on your account had been updated.

On April 24, 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) According to your account, the first application received by NYSOH on your behalf was on February 9, 2017. You were subsequently determined eligible for Medicaid, 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 9, 2017 application was [REDACTED]
[REDACTED]
- 4) According to your account, there were five notices issued by NYSOH to that address between February and April 2017. There is no record of any notices issued to you by NYSOH in 2017 being returned as undeliverable.
- 5) On January 2, 2018, NYSOH issued you a renewal notice, to the address listed on your account, directing you to update your account by February 15, 2018 to renew your coverage for the upcoming coverage year.
- 6) You testified you received the January 2, 2018 renewal notice.
- 7) NYSOH received an updated application on your behalf on February 8, 2018. Subsequently, you were determined eligible for the Essential Plan and enrolled in a plan, effective March 1, 2018.
- 8) Your Medicaid Managed Care plan coverage was terminated, effective February 28, 2018.
- 9) According to your account, all three notices issued to you on February 9, 2018 were returned to NYSOH as undeliverable.
- 10) All three notices were issued to the mailing address listed on your account at that time, [REDACTED].
- 11) According to your account, on February 22, 2018, your mailing address was marked invalid. And your eligibility was subsequently systematically redetermined.
- 12) NYSOH found you ineligible to enroll in health insurance, effective March 1, 2018, and your Essential Plan enrollment was terminated.

- 13) On March 28, 2018, NYSOH received an updated application submitted on your behalf and your mailing address was updated to add [REDACTED] to the address.
- 14) The change of address notice issued by NYSOH on March 1, 2018 was addressed to the previous mailing address on your account, [REDACTED] with no apartment designation. There is no record of that notice being returned to NYSOH as undeliverable.
- 15) You were determined eligible for the Essential Plan and you selected a plan for reenrollment on February 28, 2018 with coverage effective April 1, 2018.
- 16) According to your account, you had a gap in coverage for the month of March 2018. You testified you have outstanding medical bills from that month.
- 17) You testified that you have lived at your current address since approximately October 2016.
- 18) You testified that you live in a multiple unit home and that you reside in the [REDACTED]
- 19) You testified that you usually specify [REDACTED] in your mailing address. You testified that you are not sure why the apartment designation was not included in your mailing address on file with NYSOH prior to February 28, 2018.
- 20) You testified that you received mail from NYSOH at your address prior to the February 28, 2018 mailing address update. You testified you do not know why the notices issued to you on February 9, 2018 were not deliverable.
- 21) Aside from the February 9, 2017 notices, there is no record of any other notices issued to you by NYSOH being returned as undeliverable.

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

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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 issue under review is whether NYSOH properly determined your eligibility for and enrollment in an Essential Plan ended, effective February 28, 2018.

Your account confirms that you were determined eligible for Medicaid, 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]. You testified that you received the January 2, 2018 renewal notice and there is no record of that notice being returned to NYSOH as undeliverable.

On February 8, 2018, you updated your application and subsequently you were determined eligible for the Essential Plan and enrolled in a plan, effective March 1, 2018. Your Medicaid Managed Care plan coverage was terminated, effective February 28, 2018. According to your account, all three notices issued to you on February 9, 2018 regarding your 2018 coverage were returned to NYSOH as undeliverable. Your account confirms that all three notices were issued to the mailing address listed on your account at that time, [REDACTED].

Pursuant to the regulations, only NY State residents are eligible to enroll in the Essential Plan. As a result of the February 9, 2018 notices being returned, NYSOH determined you were ineligible for health coverage, purportedly based on the inability to verify your status as a NY State resident, and your Essential

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Plan enrollment was terminated. However, the record does not support a finding that you ceased to be a NY State resident in February 2018.

You testified that you have lived at the same address since approximately October 2016. Although you testified that you live in the [REDACTED] of a multiple unit building, the record confirms that prior to February 28, 2018 your mailing address on file did not designate an apartment. However, the record also confirms that no notices issued to you at [REDACTED] prior to February 9, 2018 were returned as undeliverable. Furthermore, once your address was updated on February 28, 2018, your account confirms that the notice confirming the address update was issued by NYSOH on March 1, 2018 and addressed to the former address on file, [REDACTED] without the apartment designation. There is no record of that notice being returned to NYSOH as undeliverable.

Therefore, based on the totality of the evidence, it is concluded that the February 9, 2018 notices being undeliverable at the mailing address listed on your account at that time was an anomaly and did not establish that you were no longer a NY State resident. Furthermore, based on the evidence that you have lived at the same address since 2016 and that no other notices issued to you by NYSOH have been undeliverable, the record supports a finding that you have maintained status as a NY State resident since enrolling in coverage through NYSOH in February 2017.

As such the February 23, 2018 discontinuance and disenrollment notices stating your eligibility for and enrollment in an Essential Plan ended, effective February 28, 2018, are not supported by the record and are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan for the month of March 2018.

Decision

The February 23, 2018 discontinuance and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate you in your Essential Plan for the month of March 2018.

Effective Date of this Decision: May 10, 2018

How this Decision Affects Your Eligibility

Your March 1, 2018 Essential Plan enrollment should not have been terminated.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan for the month of March 2018 in accordance with this decision.

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

Summary

The February 23, 2018 discontinuance and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate you in your Essential Plan for the month of March 2018.

Your March 1, 2018 Essential Plan enrollment should not have been terminated.

Your case is being sent back to NYSOH to reinstate you in your Essential Plan for the month of March 2018 in accordance with this decision.

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 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. y&b&tumi ama wo obi a okyer& 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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