



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

Notice of Decision

Decision Date: March 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001119

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 18, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 15, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001119

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that as of November 15, 2014, [REDACTED] was no longer eligible to enroll in health insurance through New York State of Health effective November 30, 2014?

Procedural History

The Marketplace received your initial application for health insurance on March 24, 2014 for you and your spouse, [REDACTED].

On March 25, 2014, the Marketplace issued an eligibility determination in your case. It said that you and [REDACTED] were conditionally eligible for Medicaid but additional information was required to confirm your eligibility. The Marketplace requested proof of citizenship for you and [REDACTED] due by June 25, 2014.

On March 30, 2014, you submitted proof of citizenship for yourself.

On July 10, 2014, the Marketplace issued a notice of eligibility redetermination in your case. It said that you remained eligible for Medicaid and [REDACTED] remained conditionally eligible for Medicaid. The Marketplace also requested additional information to confirm [REDACTED]'s citizenship status.

On August 8, 2014, the Marketplace issued a notice of eligibility redetermination in your case. It said that you remained eligible for Medicaid and [REDACTED] remained conditionally eligible for Medicaid. The Marketplace also requested additional information to confirm [REDACTED]'s citizenship status.

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On November 15, 2014, the Marketplace issued a notice of eligibility redetermination in your case. It said that [REDACTED] was not eligible for Medicaid because she did not provide proof of her citizenship status needed to remain eligible for health coverage.

Also on November 15, 2014, the Marketplace issued a disenrollment notice terminating [REDACTED] from her coverage with New York State Catholic Health Plan, Inc. ("Fidelis Care") effective November 30, 2014.

On November 19, 2014, you submitted proof of citizenship for [REDACTED].

On November 29, 2014, the Marketplace issued a notice of eligibility redetermination in your case. It said that both you and [REDACTED] were eligible for Medicaid effective November 1, 2014.

On or around December 1, 2014, you spoke with the Marketplace's Account Review Unit and appealed the November 15, 2014 eligibility determination.

On December 13, 2014, the Marketplace issued a notice confirming your enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") for yourself and [REDACTED]. It also said that your enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") began August 1, 2014 and [REDACTED]'s enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") will begin January 1, 2015.

On December 18, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for 15 days to allow you to submit supporting evidence of your income. The Marketplace's Appeals Unit did not receive your supporting evidence and the record was closed on January 2, 2015.

Findings of Fact

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

- 1) You are currently married and have one child.
- 2) You testified that you expect to file your 2014 taxes jointly with [REDACTED] and claim one dependent.
- 3) You attested that you applied for insurance through the Marketplace earlier in the year and enrolled with Fidelis Care as your Medicaid Managed Care Company a few months ago.

- 4) You testified that you applied for health insurance through the Marketplace with the assistance of a Navigator.
- 5) You testified that you were not aware that you needed to submit proof of citizenship for ████████ until you received her disenrollment notice issued November 15, 2014.
- 6) You testified that you did not receive many of the notices issued by the Marketplace because your apartment number was missing from the address listed in your account. The record reflects that your apartment number was not indicated in a notice until November 29, 2014.
- 7) You attested to an expected yearly income of \$22,000.00. You further testified that you are paid weekly via PayPal.

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

Applicable Law and Regulations

Medicaid can be provided through the Marketplace to adults who: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income that is at or below 138% of the federal poverty level for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Medicaid must be provided to residents who are otherwise eligible and, who:

- 1) are citizens or nationals of the United States, or qualified aliens; and
- 2) provide satisfactory documentation of their citizenship, national status, or Qualified Alien Status

(42 C.F.R. § 435.406(a)(1)(i)-(ii); 435.406(a)(2)(i)).

Legal Analysis

Federal regulations require that a person seeking enrollment in Medicaid through the Marketplace have United States citizenship, satisfactory national status, or other satisfactory immigration status. These regulations require the Marketplace to obtain or verify a person's immigration status in order to allow that person enrollment in Medicaid.

When the November 15, 2014 notice of eligibility redetermination was issued, evidence of your spouse's citizenship was not available in your Marketplace file. Therefore, we must AFFIRM the November 15, 2014 notice.

However, on November 19, 2014, you faxed a copy of your spouse's Permanent Resident Card to the Marketplace. On November 29, 2014, the Marketplace issued an eligibility redetermination in your case finding you and your spouse eligible for Medicaid effective November 1, 2014.

Decision

The November 15, 2014 eligibility determination is AFFIRMED.

Your current eligibility determination is not affected. You and your spouse remain eligible for Medicaid effective November 1, 2014. Your spouse's enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") as her Medicaid Managed Care plan is effective January 1, 2015.

Effective Date of this Decision: March 4, 2015

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

You and your spouse remain eligible for Medicaid effective November 1, 2014. Your spouse's enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") as her Medicaid Managed Care plan is effective January 1, 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

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).

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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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 15, 2014 eligibility determination is AFFIRMED.

This decision does not change your current eligibility.

You and your spouse remain eligible for Medicaid effective November 1, 2014. Your spouse's enrollment with New York State Catholic Health Plan, Inc. ("Fidelis Care") as her Medicaid Managed Care plan is effective January 1, 2015.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]