



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

Notice of Decision

Decision Date: March 5, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001139

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On December 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s November 6, 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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[REDACTED]
[REDACTED] [REDACTED] [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 6, 2014, [REDACTED] was no longer eligible to enroll in a qualified health plan at full cost through the Marketplace?

Procedural History

The Marketplace received your initial non-financial application for health insurance on January 22, 2014. A preliminary eligibility determination rendered that day stated that you were eligible to enroll in a qualified health plan (QHP) through the Marketplace.

On November 5, 2014, your eligibility through the Marketplace was redetermined.

On November 6, 2014, an eligibility determination notice was issued. The notice stated that you were not eligible for Medicaid, Child Health Plus, tax credits or cost sharing reductions to help pay for the cost of insurance. The notice further stated that you did not provide information regarding your citizenship status, which the Marketplace must obtain in order to confirm your eligibility.

On November 8, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage with SilverPlus-S2 would be terminated effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

On November 28, 2014, you uploaded a copy of your Certificate of Naturalization to your Marketplace account.

On December 1, 2014, your eligibility through the Marketplace was redetermined.

On December 2, 2014, an eligibility determination notice was issued. The notice stated that you were eligible to purchase a QHP at full cost through New York State of Health effective January 1, 2015.

On or around December 4, 2014, you spoke with the Marketplace's Accounts Review Unit and appealed the November 6, 2014 eligibility determination.

On December 30, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was closed at the end of the hearing.

Findings of Fact

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

- 1) You are not currently seeking financial assistance through the Marketplace.
- 2) You were enrolled in SilverPlus-S2 up until November 30, 2014 when you were disenrolled for failing to provide citizenship documentation.
- 3) You testified that you are a naturalized citizen.
- 4) You testified that you first submitted a copy of your Certificate of Naturalization on January 22, 2014, when you first applied through the Marketplace. You also testified that you submitted a copy of your Certificate of Naturalization again in March 2014 in response to a notice you received requesting the documentation.
- 5) You testified that you submitted your Certificate of Naturalization a third time on November 28, 2014. The record shows that it was uploaded to your account on November 28, 2014 and the document was verified on December 1, 2014.
- 6) You testified that you originally wanted your coverage backdated to December 1, 2014 and paid your December 2014 premium. However, you have changed your plan for the 2015 year and are enrolled in Oscar Simple 4500 Silver with coverage effective January 1, 2015.

- 7) You testified that when you spoke to the Marketplace's Accounts Review Unit, you were informed that you had multiple active accounts. You testified that you were told that the inactive account would be deleted.

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

Applicable Law and Regulations

To enroll in a qualified health plan through the Marketplace, an applicant must be a citizen or national of the United States or a noncitizen who is lawfully present in the United States and reasonably expects to become a citizen or remain a lawfully present noncitizen for the entire period for which enrollment is being sought (45 CFR § 155.305(a)(1)).

The Marketplace must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a), (c)).

Legal Analysis

Federal regulations require that a person seeking enrollment in a qualified health plan through the Marketplace have United States citizenship or 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 a qualified health plan.

When the November 6, 2014 notice of eligibility determination was issued, the record reflects that evidence of your citizenship or immigration status was not available in your Marketplace file. Therefore, we must AFFIRM the November 6, 2014 notice.

You testified that you had submitted your Certificate of Naturalization in January and March 2014 prior to receiving the November 6, 2014 notice. However, the record, which includes your current and only active account, does not reflect that the Marketplace received your citizenship documents until November 28, 2014. Your Certificate of Naturalization was ultimately verified on December 1, 2014, therefore, no further action is needed.

Decision

The November 6, 2014 eligibility determination 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).

Your current eligibility determination is not affected. You remain eligible to purchase a qualified health plan (QHP) through the Marketplace. Your enrollment in Oscar Simple 4500 Silver remains effective January 1, 2015.

Effective Date of this Decision: March 5, 2015

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

Your current eligibility determination is not affected. You remain eligible to purchase a qualified health plan (QHP) through the Marketplace. Your enrollment in Oscar Simple 4500 Silver remains 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.

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:

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- By fax: 1-855-900-5557

Summary

The November 6, 2014 eligibility determination is AFFIRMED.

This decision does not change your current eligibility.

Your current eligibility determination is not affected. You remain eligible to purchase a qualified health plan (QHP) through the Marketplace. Your enrollment in Oscar Simple 4500 Silver remains effective January 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]