

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

## **Notice of Decision**

Decision Date: March 10, 2015

NY State of Health Number: AP00000001144

Dear		,

On December 30, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 16, 2014 and November 27, 2014 eligibility redeterminations.

The attached 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 at the top of this notice.

## Legal Authority

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

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#### Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that as of November 15, 2014, your spouse, **and the set of t** 

Did the Marketplace properly determine that as of November 18, 2014, your spouse was conditionally eligible to enroll in a qualified health plan at full cost?

## **Procedural History**

The Marketplace received your initial non-financial application for health insurance on October 8, 2013. A preliminary eligibility determination prepared that day stated that your spouse was eligible to enroll in a qualified health plan (QHP) through the Marketplace.

On October 8, 2013, your spouse enrolled in Empire Platinum Guided Access – ceaf, with coverage to begin on January 1, 2014.

On November 15, 2014, the Marketplace redetermined your spouse's eligibility.

On November 16, 2014, the Marketplace issued a notice of eligibility redetermination. The notice stated that your spouse was not eligible for Medicaid, Child Health Plus, or tax credits or cost sharing reductions to help pay for the

cost of insurance. She was also not eligible to enroll in a QHP at full cost through the Marketplace. The notice further stated that she did not provide information on her citizenship status, which the Marketplace must obtain in order to confirm her eligibility.

On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your spouse's 2014 coverage in Empire Platinum Guided Access – ceaf would end effective November 30, 2014 because your spouse was no longer eligible to enroll in health insurance through New York State of Health.

The Marketplace received a revised non-financial application on November 18, 2014.

On November 27, 2014, the Marketplace issued a notice of eligibility redetermination based on your November 18, 2014 application. It found your spouse conditionally eligible to purchase a QHP at full cost through the Marketplace, with such eligibility effective January 1, 2015. However, documentation to confirm your spouse's citizenship status was required to be received no later than February 18, 2015.

On December 4, 2014, you uploaded a copy of your spouse's Certificate of Naturalization, issued by the Department of Justice on November 24, 1999.

On December 4, 2014, you spoke with the Marketplace's Account Review Unit and appealed the November 16, 2014 and November 27, 2014 determinations.

On December 9, 2014, the Marketplace issued a notice confirming your spouse's enrollment in Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25. You were also notified that your spouse's coverage under this plan could begin as early as January 1, 2015, provided the premium was timely received.

On December 9, 2014 and December 12, 2014, the Marketplace issued notices of eligibility redetermination. Each notice found your spouse eligible to purchase a QHP at full cost through the Marketplace, with such eligibility effective January 1, 2015.

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 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) Your spouse was enrolled in Empire Platinum Guided Access ceaf up until November 30, 2014 when your spouse was disenrolled for failing to provide citizenship documentation. You testified that you paid your premiums in full every month. You further testified that you were reimbursed the premium amount you paid for the month of December 2014.
- 3) You testified that your spouse is a naturalized citizen.
- 4) You testified that your spouse became a naturalized citizen on November 24, 1999.
- 5) The record shows that you uploaded your spouse's Certificate of Naturalization (INS Registration No. **December** 4, 2014.

Conflicting evidence, if any, was considered and found to be less redible 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 16, 2014 and November 27, 2014 notices of eligibility redetermination were issued, evidence of your spouse's citizenship status was not available in your Marketplace file. Therefore, we must AFFIRM the November 16, 2014 and November 27, 2014 notices.

However, on December 4, 2014, you uploaded a copy of your spouse's Certificate of Naturalization to your Marketplace online account. Since the documentation of your spouse's citizenship status became available in the record, your case was returned to the Marketplace to redetermine your spouse's eligibility as of December 9, 2014 and December 12, 2014. In each case, your spouse was found fully eligible to enroll in a QHP at full cost, with coverage beginning on January 1, 2015, provided the first month's premium payment was timely received.

This Decision has no effect on the determinations issued by the Marketplace on December 9, 2014 and December 12, 2014.

#### Decision

The November 16, 2014 and November 27, 2014 eligibility redeterminations are AFFIRMED.

This Decision has no effect on the subsequent determinations issued by the Marketplace on December 9, 2014 and December 12, 2014.

#### Effective Date of this Decision: March 10, 2015

### How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

This Decision has no effect on the subsequent determinations issued by the Marketplace on December 9, 2014 and December 12, 2014, each of which found your spouse eligible to enroll in a QHP at full cost, with coverage beginning on January 1, 2015, provided the first month's premium payment is timely received.

## 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:

- 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 16, 2014 and November 27, 2014 eligibility redeterminations are AFFIRMED.

This decision does not change your eligibility.

This Decision has no effect on the subsequent determinations issued by the Marketplace on December 9, 2014 and December 12, 2014, each of which found your spouse eligible to enroll in a QHP at full cost, with coverage beginning on January 1, 2015, provided the first month's premium payment is timely received.

## 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

