



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

Notice of Decision

Decision Date: April 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001148

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 17, 2014, disenrollment determination.

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 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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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 16, 2014, you were no longer eligible to enroll in health insurance through New York State of Health?

Procedural History

The Marketplace received your initial application on November 4, 2013.

On February 9, 2014, the Marketplace issued an eligibility determination notice stating your wife is eligible for Medicaid, and you are conditionally eligible for Medicaid. The notice states that additional proof of citizenship documentation is required to confirm your eligibility for health insurance through the Marketplace. The notice also states that you and your wife's insurance coverage through Medicaid will begin January 1, 2014, and enrollment with New York Catholic Health Plan, Inc. will begin February 1, 2014.

On November 6, 2014, the Marketplace sent you a notice to renew your NY State of Health coverage for 2015. The notice stated that based on the information from federal and state sources, the Marketplace is unable to make a decision about whether you and your wife qualify for financial help paying for health coverage.

On November 16, 2014, the Marketplace issued an eligibility determination notice stating that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. The notice states that you did not provide citizenship status documentation to confirm your eligibility.

On November 17, 2014, the Marketplace issued a Disenrollment Notice from New York State Catholic Health Plan, Inc. effective November 30, 2014.

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On November 21, 2014, your Certificate of Naturalization ([REDACTED]) was uploaded to your Marketplace account and was verified on November 25, 2014.

On November 28, 2014, the Marketplace issued an eligibility determination notice stating that you and your wife were eligible for Medicaid effective as of November 1, 2014.

On December 5, 2014, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as you were being disenrolled from New York Catholic Health Plan, Inc. on November 30, 2014.

On December 29, 2014, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The Hearing Officer called the telephone number provider and was told by your house sitter that you were unavailable and would be unavailable for several days.

On January 22, 2015, a new Notice of Hearing was generated and the hearing was rescheduled with the Marketplace's Appeals Unit for February 11, 2015.

On February 11, 2015, you and your Authorized Representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

- 1) You have health insurance through the Marketplace for yourself and your wife, only.
- 2) Your insurance coverage through Medicaid began January 1, 2014, and you were enrolled in New York State Catholic Health Plan, Inc. beginning on February 1, 2014.
- 3) You were disenrolled from Medicaid and the New York Catholic Health Plan, Inc. on November 30, 2014, for failure to provide citizenship documentation.
- 4) According to the record, you are a United States citizen.
- 5) On November 21, 2014, a signed copy of your Certificate of Naturalization (No. [REDACTED]) was uploaded to your Marketplace account (Appellant Exhibit A).
- 6) The record shows that your citizenship status was verified on November 25, 2014, based on your Certificate of Naturalization.

- 7) You testified that you had a medical procedure in December 2014 that cost approximately \$2,500.00 that was not covered by Fee-For-Service Medicaid.

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

Applicable Law and Regulations

Medicaid, Generally

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 § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Immigration Status and Medicaid Eligibility

One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid. Generally, no person, except a United States citizen, naturalized citizen, qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2).

Individuals who are citizens or nationals of the United States and who have provided satisfactory documentary evidence of citizenship or national status must be provided Medicaid (42 CFR § 435.406(a)(1)).

Legal Analysis

Federal regulation requires that a person seeking enrollment in Medicaid through the Marketplace have satisfactory citizenship or immigration status. Satisfactory status includes being a citizen or national of the United States. Federal regulation further requires the Marketplace to obtain or verify a person's immigration status in order to allow that person enrollment in Medicaid.

The record reflects that at the time of the November 16, 2014 eligibility determination, the Marketplace lacked evidence from you in order to confirm your immigration/citizenship status. Since the Marketplace lacked the documentation to determine whether or not you met the citizenship or immigration status requirements for

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Medicaid, the Marketplace properly found that you were not eligible for Medicaid as of that time.

However, prior to the November 30, 2014, disenrollment date, you provided the required documentation. More specifically, on November 21, 2014, after the determination and disenrollment Notice were issued, a copy of your Certificate of Naturalization was uploaded to your Marketplace account. On November 25, 2014, the Marketplace verified your citizenship based on your Certificate of Naturalization. Based on the satisfactory document as to your immigration/citizenship status, the Marketplace verified your citizenship.

Since satisfactory documentation as to your immigration/citizenship status was received and verified prior to your effective disenrollment on November 30, 2014, the November 16, 2014 eligibility determination and the November 17, 2014 Disenrollment Notice are Rescinded.

Decision

The November 16, 2014, eligibility determination and the November 17, 2014 Disenrollment Notice from New York State Catholic Health Plan, Inc. effective November 30, 2014 are RESCINDED.

Effective Date of this Decision: April 13, 2015

How this Decision Affects Your Eligibility

You remain eligible for Medicaid Managed Care through New York State Catholic Health Plan, Inc. subsequent to November 30, 2014.

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.

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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, eligibility determination and the November 17, 2014, Disenrollment Notice from New York State Catholic Health Plan, Inc. effective November 30, 2014 are RESCINDED.

You remain eligible for Medicaid Managed Care through New York State Catholic Health Plan, Inc. subsequent to November 30, 2014.

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]