



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

### Notice of Decision

Decision Date: March 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001156

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

Dear [REDACTED]. [REDACTED],

On January 5, 2015, you appeared by telephone at a hearing on your appeal of your November 30, 2014 disenrollment from Medicaid coverage.

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

### Issue

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

Did the Marketplace properly disenroll [REDACTED] from her Medicaid coverage, effective November 30, 2014?

### Procedural History

The Marketplace received your application for health insurance on January 15, 2014. In this application, you attested to an expected annual household income of \$13,000.00 and identified yourself as a U.S. Citizen.

On February 19, 2014, the Marketplace issued a notice of eligibility determination based on your January 15, 2014 application. It found you conditionally eligible for Medicaid, pending receipt of additional information regarding your citizenship status. The Marketplace requested that such information be provided by May 22, 2014.

On February 7, 2014, you provided a copy of your U.S. passport to the Marketplace.

On May 30, 2014, your application was resubmitted to the Marketplace.

On May 31, 2014, the Marketplace notified you that additional income information would be required before an eligibility determination could be issued. The Marketplace requested such information be provided by June 27, 2014.

On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in your HealthFirst Medicaid Managed Care (MMC) plan would end effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

On December 8, 2014, you spoke with the Marketplace's Account Review Unit to appeal your disenrollment from Medicaid coverage, including disenrollment from your HealthFirst MMC plan, as reflected in the November 17, 2014 notice of disenrollment.

On December 27, 2014, the Marketplace issued an additional disenrollment notice. The notice stated that your 2014 coverage in HealthFirst and your Medicaid Fee-For-Service coverage would end effective November 30, 2014.

On January 5, 2015, 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 testified that in all applications submitted to the Marketplace, you were seeking financial assistance to help pay for health insurance.
- 2) You testified that you are a naturalized U.S. citizen.
- 3) The record shows that you were enrolled in Medicaid Fee-For-Service, with such coverage beginning on January 1, 2014.
- 4) The record shows that on February 7, 2014, you provided a copy of your U.S. passport, issued by the Department of State on October 8, 2013. You testified that you provided this document in response to the Marketplace's February 7, 2014 request to receive proof of your citizenship.
- 5) You testified, and record reflects, that you enrolled in HealthFirst as your MMC plan, with such coverage beginning on April 1, 2014.
- 6) The record reflects that on May 31, 2014, the Marketplace notified you that additional information regarding your household income was needed before an eligibility determination could be issued in your case. The Marketplace requested such documentation by May 31, 2014.

- 7) On November 17, 2014 and December 27, 2014, the Marketplace issued notices stating that you were disenrolled from HealthFirst MMC and your Fee-For-Service Medicaid coverage, effective November 30, 2014.
- 8) You testified that because you incurred some medical expenses during December 2014, which had not been reimbursed, you asked the Marketplace to reinstate and backdate your Medicaid coverage to December 1, 2014, to avoid a lapse in coverage.
- 9) You testified that you do not recall receiving any notices from the Marketplace requesting additional information to confirm your citizenship after you had provided the documents on February 7, 2014.
- 10) The record reflects that you opted to receive only electronic correspondence from the Marketplace.

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

## **Applicable Law and Regulations**

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard may be eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the nonfinancial criteria for Medicaid eligibility is the documentation of an eligible immigration or citizenship status of the person applying for health insurance, which the Marketplace must verify by acceptable documentation (42 CFR § 435.945). Acceptable documentation of U.S. Citizenship includes, but is not limited to, a U.S. passport issued without a limitation by the Department of State (42 § CFR 435.407(a)(1)).

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)).

## **Legal Analysis**

Federal regulations require that a person seeking enrollment in Medicaid through the Marketplace have United States citizenship or a satisfactory immigration

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status. These regulations require the Marketplace to obtain and verify a person's citizenship or immigration status in order to allow that person enrollment in Medicaid coverage.

On February 19, 2014 and March 1, 2014, the Marketplace issued eligibility determination notices to advise you that you were conditionally approved for Medicaid coverage pending proof of your citizenship status. You credibly testified, and the record reflects, that you provided a copy of your U.S. passport on February 7, 2014, within the time limit set by the Marketplace.

On May 31, 2014, the Marketplace issued a notice in response to your May 30, 2014 application. The notice stated that the income stated in your application did not match the information obtained by the Marketplace from State and Federal data sources. The notice further stated that you "must submit income documentation for your household by June 17, 2014 to confirm that the information you provided in your application is accurate."

When the November 17, 2014 and December 27, 2014 disenrollment notices were issued, evidence of your citizenship status was available in your file. However, your income information was not submitted by June 17, 2014, as requested on May 31, 2014.

Therefore, the Marketplace's termination of your Medicaid coverage, effective November 30, 2014, as referenced in the November 17, 2014 and December 27, 2014 disenrollment notices, is AFFIRMED, based on your failure to submit necessary documentation of your household income.

## **Decision**

The Marketplace's termination of your Medicaid coverage, effective November 30, 2014, as referenced in the November 17, 2014 and December 27, 2014 disenrollment notices, is AFFIRMED.

**Effective Date of this Decision:** March 19, 2015

## **How this Decision Affects Your Eligibility**

This Decision has no effect on any eligibility determinations issued by the Marketplace on or after December 27, 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.

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 Marketplace's termination of your Medicaid coverage, effective November 30, 2014, as referenced in the November 17, 2014 and December 27, 2014 disenrollment notices, is **AFFIRMED**.

This Decision has no effect on any eligibility determinations issued by the Marketplace on or after December 27, 2014.

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## **Legal Authority**

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**A Copy of this Decision Has Been Provided To**

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