



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

Notice of Decision

Decision Date: April 7, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001169

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 16, 2014 eligibility 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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[REDACTED]
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Issue

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

Did the Marketplace properly determine that as of November 16, 2014, you were no longer eligible to enroll in a qualified health plan or receive tax credits or cost sharing reductions through the Marketplace?

Procedural History

The Marketplace received your initial application for health insurance on December 13, 2013.

On December 16, 2013, the Marketplace issued an eligibility determination in your case. It said that you were temporarily eligible to enroll in a qualified health plan through the Marketplace and receive tax credits to help pay for your insurance but additional information was still required to make a final determination on your application.

On November 16, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you were not eligible to enroll in a qualified health plan (QHP) because you did not provide proof of your citizenship status to the Marketplace.

On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage with Empire Platinum Guided Access – ceaf and Blue Value Dental would be terminated effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

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On December 4, 2014, you faxed a copy of your Permanent Resident card to the Marketplace.

On or around December 10, 2014, you spoke with the Marketplace's Account Review Unit and appealed the November 17, 2014 disenrollment notice.

On December 10, 2014, your eligibility through the Marketplace was redetermined.

On December 11, 2014, an eligibility determination notice was issued. The notice stated that you were eligible to receive up to \$248.00 of advance premium tax credits to help pay for the cost of health coverage and you were eligible to receive cost sharing reductions effective January 1, 2015.

On January 6, 2015, 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 testified that you would like your health insurance coverage backdated to December 1, 2014 because you incurred medical bills during the month of December 2014.
- 2) You were enrolled in Empire Platinum Guided Access – ceaf and Blue Value Dental up until November 30, 2014 when you were disenrolled for failing to provide citizenship documentation.
- 3) The record reflects that you are a permanent resident. You testified that you became a permanent resident of the United States on August 18, 1997.
- 4) You testified that you received all of your notices from the Marketplace via regular mail because it was difficult for you to access your online account.
- 5) You testified that you received a notice from the Marketplace dated October 30, 2014, which stated that your current coverage would be automatically renewed if you remained eligible for coverage. You expected that your coverage would continue because you did not experience any difficulties with your coverage.
- 6) You testified that you went to the doctor on December 3, 2014, and on that same day, you also went to the pharmacy to fill a prescription. You

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- further testified that while at the pharmacy, you were told that your insurance was declined. You testified that you called your insurance carrier, Empire, and were told that you were disenrolled from your coverage by New York State of Health.
- 7) You testified that you incurred three medical bills and two pharmacy bills on December 3, 2014.
 - 8) You testified that you called your insurance carrier, Empire, on December 4, 2014 and were told that your insurance coverage was cancelled effective November 30, 2014.
 - 9) You testified that on December 4, 2014, you spoke with a Marketplace representative who informed you that your disenrollment was due to a failure to provide proof of your citizenship status but that you would be re-enrolled in your coverage effective December 1, 2014 under the Plan Code [REDACTED]. The record reflects that you faxed a copy of your Permanent Resident card on December 4, 2014.
 - 10) You testified that on December 10, 2014, you called Empire to see if the medical bills you incurred on December 3, 2014 were covered by your health insurance plan. You testified that you were told that you were still considered disenrolled by the Marketplace. You testified that you then called the Marketplace and a representative confirmed that you were still disenrolled because they had not received the copy of your Permanent Resident card that you faxed on December 4, 2014. You also testified that you spoke with a different Marketplace representative and provided your Permanent Resident number to confirm proof of your citizenship status.
 - 11) You testified that on December 10, 2014, you attempted to log into your Marketplace account but experienced technical issues in accessing your account. You testified that you were ultimately able to access your account on the same day and saw that the November 16, 2014 eligibility determination notice, which indicated that you were no longer eligible to enroll in a qualified health plan because you did not provide proof of your citizenship status. You testified that you did not receive this notice through the mail prior to your disenrollment on November 30, 2014. You further testified that you were not aware of your health insurance coverage disenrollment until your insurance cards were denied at the pharmacy on December 3, 2014.
 - 12) You testified that you paid your health insurance premiums from January 2014 until December 2014, but you were reimbursed for your December 2014 premium.

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 or 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 notice of eligibility determination was issued, evidence of your citizenship or immigration status was not available in your Marketplace file. Therefore, we must AFFIRM the November 16, 2014 notice.

However, in early December 2014, you faxed a copy of your Permanent Resident Card to the Marketplace. On December 10, 2014, your eligibility through the Marketplace was redetermined. On December 11, 2014, an eligibility determination notice was issued that stated that you were eligible to receive up to \$248.00 of advance premium tax credits to help pay for the cost of health coverage and you were eligible to receive cost sharing reductions effective January 1, 2015.

Decision

The November 16, 2014 eligibility redetermination is AFFIRMED.

This decision does not affect any determinations made after November 17, 2014.

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Effective Date of this Decision: April 7, 2015

How this Decision Affects Your Eligibility

This decision does not change your current eligibility.

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 mail at:
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Summary

The November 16, 2014 eligibility determination is AFFIRMED.

This decision does not change your current eligibility for 2015 health insurance coverage through New York State of Health.

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]