



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: AP000000001174

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

Dear [REDACTED] [REDACTED]

On January 7, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 3, 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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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 3, 2014, you were not eligible to enroll in a qualified health plan at full cost or to receive financial assistance through the Marketplace?

Procedural History

The Marketplace received your initial application on February 5, 2014. The Marketplace prepared a preliminary eligibility determination stating that you are not eligible for financial assistance through the Marketplace.

On November 2, 2014, the Marketplace reran you eligibility for health insurance.

On November 3, 2014, the Marketplace issued an eligibility determination notice. The notice stated that you were not eligible for Medicaid, Child Health Plus, or tax credits or cost sharing reductions to help pay for the cost of insurance. You were also not eligible to enroll in a qualified health plan (QHP) at full cost through the Marketplace. The notice further stated that you did not provide information on your citizenship status, which the Marketplace must obtain in order to confirm your eligibility.

On that same date the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in EssentialCare Silver Plan – A Consumer Operated and Oriented and Oriented Plan (CO-OP) Option would end 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 9, 2014, you faxed your United States passport to the Marketplace.

On December 11, 2014, the Marketplace redetermined your eligibility for health insurance. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to enroll in a qualified health plan, eligible up to \$264.00 monthly of advance premium tax credit, and cost-sharing reductions.

On that same day you spoke with the Marketplace Account Review Unit and appealed the November 3, 2014 determination.

On January 7, 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 you are only appealing disenrollment from your health insurance plan through the Marketplace.
2. You were enrolled in EssentialCare Silver Plan – A Consumer Operated and Oriented Plan (CO-OP) Option up until November 30, 2014, when you were disenrolled for failing to provide Citizenship Status documentation.
3. You testified that the Marketplace did not request documents from you on your citizenship status.
4. You testified that you have paid your health insurance premiums every month since being enrolled in a plan through the Marketplace.
5. You testified that you are a U.S. citizen.
6. You faxed your United States passport to the Marketplace on December 9, 2014 (Appellant Exhibit A).

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

Applicable Law and Regulations

To be eligible for enrollment in a qualified health plan through the Marketplace, an applicant must be a citizen or national of the United States, or a non-citizen lawfully present in the United States who reasonably expects to be a citizen, national, or non-

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citizen 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 regulation requires that a person seeking enrollment in a qualified health plan through the Marketplace have satisfactory immigration status. Satisfactory immigration 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 a qualified health plan.

The record reflects that at the time of the November 3, 2014 eligibility determination, the Marketplace lacked evidence from you in order to confirm your immigration/citizenship status. Therefore, we must AFFIRM the November 3, 2014 notice.

However on December 9, 2014, after the determination was issued, you uploaded a copy of your United States of America passport to your Marketplace account. On December 24, 2014, the Marketplace verified your citizenship based on your United States passport. Since you provided a satisfactory document and credibly testified as to your immigration/citizenship status, and the Marketplace has already verified your citizenship, your case is RETURNED to the Marketplace to redetermine your eligibility for health insurance.

Decision

The November 3, 2014 eligibility determination is AFFIRMED.

Your case is RETURNED to the Marketplace to redetermine your eligibility for health insurance, if the Marketplace has not already done so.

Effective Date of this Decision: April 7, 2015

How this Decision Affects Your Eligibility

This decision does not determine your eligibility for health insurance.

Your case is returned to the Marketplace for a redetermination of your eligibility based on the citizenship/immigration documentation you provided to the Marketplace, which it

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has already verified. The Marketplace will issue an appropriate notice based on its determination.

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
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Summary

The November 3, 2014 eligibility determination is **AFFIRMED**.

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This decision does not determine your eligibility for health insurance.

Your case is returned to the Marketplace to redetermine your eligibility based on the citizenship/immigration documentation you provided to the Marketplace, which it has already verified. The Marketplace will issue an appropriate notice based on its determination.

Legal Authority

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

Copy of this Decision Has Been Provided To:

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