



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

Notice of Decision

Decision Date: April 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001178

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On January 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 11, 2014 eligibility redetermination regarding your 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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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001178

[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 his Medicaid coverage, effective December 31, 2014, because he did not timely provide proof of citizenship status?

Procedural History

The Marketplace received your application for health insurance on September 1, 2014.

On September 2, 2014, the Marketplace issued an eligibility determination based on your September 1, 2014 application. It found you conditionally eligible for Medicaid, pending receipt of additional information to establish your citizenship status. The Marketplace required such information be provided by December 3, 2014.

On December 11, 2014, an eligibility determination notice was issued. 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 explained that you did not provide information on your citizenship status, which the Marketplace must obtain in order to confirm your eligibility.

On December 12, 2014, you spoke with the Marketplace's Account Review Unit to appeal your December 11, 2014 eligibility redetermination.

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On December 15, 2014, the Marketplace received copies of your Certificate of Naturalization and social security card.

On December 29, 2014, the Marketplace issued an additional disenrollment notice. The notice stated that your coverage under Healthfirst Medicaid Managed Care (MMC) plan would end effective December 31, 2014, because you were no longer eligible to enroll in health insurance through the Marketplace.

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 you submitted your September 1, 2014 application to the Marketplace and were seeking financial assistance to help pay for health insurance.
- 2) In your application, you attested that you are a U.S. Citizen.
- 3) You testified that you became a U.S. citizen on November 22, 2013.
- 4) On September 2, 2014, the Marketplace issued a notice of eligibility determination that found you conditionally eligible to receive Medicaid coverage, pending receipt of documentation to prove your citizenship. The notice further stated that documents proving your citizenship were required to be received by December 3, 2014.
- 5) You were enrolled in Medicaid, and your coverage began on October 1, 2014.
- 6) On December 11, 2014, the Marketplace issued a notice of eligibility redetermination finding you ineligible for Medicaid because you did not provide proof of your citizenship status.
- 7) On December 15, 2014, you uploaded copies of your Certificate of Naturalization and social security card to your Marketplace online account.
- 8) You testified that you originally provided your citizenship documents via regular mail to the Marketplace about a week after receiving the September 2, 2014 notice of eligibility determination, but you were

unable to prove the Marketplace received them because you did not request a return receipt when you mailed the documents. You testified that when you received the December 11, 2014 notice of eligibility redetermination, you realized the documents you sent via regular mail may not have reached 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 is eligible for Medicaid benefits (45 CFR § 155.305(c)).

One of the nonfinancial criteria for Medicaid is a qualifying immigration or citizenship status. The Marketplace must verify this status by acceptable documentation (42 CFR § 435.945, 45 CFR § 155.315(a), (c)).

One type of document that the Marketplace can accept as proof of U.S. Citizenship is a Certificate of Naturalization (Form N560 or N-561) issued by the Department of Homeland Security (42 § CFR 435.407(a)(2)).

Legal Analysis

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

The September 1, 2014 notice of eligibility determination issued by the Marketplace stated that your Medicaid eligibility was conditional pending the receipt of information by the Marketplace to prove your citizenship status. The Marketplace required that such documentation be provided by December 3, 2014.

You uploaded copies of your Certificate of Naturalization and social security card to your Marketplace online account as proof of your U.S. citizenship on December 15, 2014. Since the required documents were received after the Marketplace's December 3, 2014 deadline for submission, the Marketplace's December 10, 2014 eligibility redetermination finding you ineligible for Medicaid coverage was correct.

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Therefore, the Marketplace's termination of your Medicaid coverage, effective December 31, 2014, as referenced in the December 11, 2014 notice of eligibility redetermination and December 29, 2014 disenrollment notice, is AFFIRMED.

Since you have provided documentation to prove your citizenship status, your case is returned to the Marketplace for redetermination of your eligibility.

Decision

The Marketplace's termination of your Medicaid coverage, effective December 31, 2014, as referenced in the December 11, 2014 notice of eligibility redetermination and December 29, 2014 disenrollment notice, is AFFIRMED.

Effective Date of this Decision: April 8, 2015

How this Decision Affects Your Eligibility

The Marketplace's termination of your Medicaid coverage, effective December 31, 2014, as referenced in the December 11, 2014 notice of eligibility redetermination and December 29, 2014 disenrollment notice, is AFFIRMED.

Your case is RETURNED to the Marketplace for redetermination of your eligibility based on the documentation now in your file.

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))

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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:
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- By fax: 1-855-900-5557

Summary

The Marketplace's termination of your Medicaid coverage, effective December 31, 2014, as referenced in the December 11, 2014 notice of eligibility redetermination and December 29, 2014 disenrollment notice, is **AFFIRMED**.

Your case is **RETURNED** to the Marketplace for redetermination of your eligibility based on the documentation now in your file.

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]