



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

Notice of Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001291

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On February 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 5, 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).

This page intentionally left blank.



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

Decision

Decision Date: June 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001291

[REDACTED]
[REDACTED]
[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine on November 4, 2014 that you were no longer eligible to apply for or enroll in health insurance coverage through the Marketplace?

Did the Marketplace properly disenroll you from Medicaid effective November 30, 2014?

Procedural History

On November 1, 2013, you applied for health insurance and financial assistance. The Marketplace made a preliminary determination that you were conditionally eligible for Medicaid and directed you to submit additional documentation.

On January 13, 2014, you applied for health insurance without financial assistance. On January 14, 2014, the Marketplace issued a notice of eligibility determination stating that you were temporarily eligible to enroll in a qualified health plan but that the Marketplace needed proof of your citizenship. The notice states: "What you told us doesn't match the records we have for you ... If you do not submit documentation in 90 days to resolve the inconsistency New York State of Health may be unable to continue to provide you with health insurance."

The Marketplace redetermined your eligibility on November 4, 2014 and, on November 5, 2014, issued a notice stating that you were not eligible for financial

assistance or to enroll in a qualified health plan at full cost because you had not provided documentation of your citizenship status.

Also on November 5, 2014, the Marketplace issued a notice stating that, effective November 30, 2014, you were disenrolled from your qualified health plan because you were no longer eligible to enroll in health insurance through the Marketplace.

On December 12, 2014, you applied for health insurance without financial assistance. On December 14, 2014, the Marketplace issued an eligibility determination notice stating that, effective January 1, 2015, you were conditionally eligible to enroll in a qualified health plan at full cost and directing you to submit proof of your citizenship status.

On December 16, 2014, the Marketplace issued a notice stating that, effective January 1, 2015, you were eligible to purchase a qualified health plan at full cost “because you met all of the eligibility requirements.”

On December 30, 2014, you spoke with the Marketplace’s Account Review Unit and appealed the disenrollment from your qualified health plan due to your citizenship status. You requested aid to continue during the appeal process.

On February 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and remained open to allow you to submit a letter from your health insurance carrier stating that you need take no action for your coverage to be renewed.

That letter was received and the record closed.

Later on February 2, 2015, you submitted an application to request health insurance coverage with financial assistance. On February 3, 2015, the Marketplace issued an eligibility determination stating that you were eligible for Medicaid, effective February 1, 2015.

Findings of Fact

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

- 1) On January 13, 2014, you applied for health insurance coverage without financial assistance. On January 14, 2014, the Marketplace issued a notice of eligibility determination stating that you were temporarily eligible to enroll in a qualified health plan through the Marketplace, but must send in proof of your citizenship status within 90 days or you could lose your coverage.

- 2) In a letter dated October 30, 2014, your health insurance carrier advised you that your coverage was coming up for renewal. Although it told you that if you had not yet received a renewal notice you should contact the Marketplace, it then went on to state that, "If you want to keep your current policy, you don't need to do anything more."
- 3) You testified that after you relied on the carrier's notice and believed that your coverage would continue during 2015 if you took no action. You did not realize there was a problem until you received a disenrollment notice.
- 4) The Marketplace's November 5, 2014 disenrollment notice told you that your coverage would end on November 30, 2014.
- 5) On December 12, 2014, you uploaded a copy of your Naturalization Certificate to your Marketplace account. It was verified by the Marketplace on December 15, 2014.
- 6) Also on December 12, 2014, you submitted an application to purchase health insurance without financial assistance.
- 7) On December 30, 2014, you appealed the November 5, 2014 disenrollment notice and requested aid to continue.
- 8) On February 2, 2015, after your hearing, you reapplied for financial assistance and once again became eligible for Medicaid, effective February 1, 2015.

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)).

The “Exchange must implement changes ... [a]ffecting enrollment or premiums only, on the first day of the month following the date on which the Exchange is notified of the change” (45 CFR 155.330(f)(1)(iii)).

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 January 1, 2014 notice of eligibility determination issued by the Marketplace stated that you were only temporarily eligible to enroll in a qualified health plan (QHP) through the Marketplace, because you still needed to submit proof of citizenship. You were directed to produce such evidence within 90 days, or you might lose your eligibility for health insurance through the Marketplace.

When the Marketplace reran your eligibility on November 4, 2014, no proof of your citizenship status had been submitted.

Your insurance through the Marketplace was terminated effective November 30, 2014.

You uploaded a copy of your Certificate of Naturalization to your Marketplace online account as proof of your U.S. citizenship on December 12, 2014. Since the required document was received after the Marketplace’s 90-day deadline for submission, the Marketplace’s November 5, 2014 eligibility determination properly found that you were no longer eligible to either enroll in a QHP or to receive financial assistance to purchase health insurance, and your enrollment was properly terminated effective the first day of the following month.

Therefore, the Marketplace’s termination of your enrollment in a QHP, effective November 30, 2014, as referenced in the November 5, 2014 notice of eligibility redetermination and November 5, 2014 disenrollment notice, are **AFFIRMED**.

Decision

The November 5, 2014 eligibility determination is **AFFIRMED**.

Effective Date of this Decision: June 8, 2015

How this Decision Affects Your Eligibility

Although the decision disenrolling you for Medicaid is affirmed, you were subsequently found eligible to for Medicaid effective February 1, 2015; this later eligibility is not affected by this decision.

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

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).

Summary

The November 5, 2014 eligibility determination is AFFIRMED.

Although the decision disenrolling you for Medicaid is affirmed, you were subsequently found eligible to for Medicaid effective February 1, 2015; this later eligibility is not affected by this decision.

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]