



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

Notice of Decision

Decision Date: June 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001398

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 3, 2014 eligibility determination and disenrollment notices.

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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001398

[REDACTED]
[REDACTED]
[REDACTED]

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 receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace?

Did the Marketplace properly disenroll you from MVP Premier Plus on November 30, 2014?

Procedural History

The Marketplace received your initial application for health insurance on February 11, 2014.

On February 12, 2014, the Marketplace issued an eligibility determination notice that you are temporarily eligible to enroll in a qualified health plan (QHP), receive an advance premium tax credit (APTC) of up to \$124.00 monthly, and temporarily receive cost-sharing reductions (CSR). However, in order for your eligibility to be finalized, you were directed to submit citizenship status documents to the Marketplace. "If you [did] 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."

On November 3, 2014, an eligibility determination notice was issued. The notice stated that you are not eligible for Medicaid, Child Health Plus, APTC or CSR and you cannot enroll in a QHP at full cost through the Marketplace. The notice explained that you did

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not provide information on your citizenship status, which the Marketplace must obtain in order to confirm your eligibility.

On November 3, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in MVP Premier Plus would end effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

On January 2, 2015, the Marketplace uploaded the U.S. Passport that you faxed to the Marketplace.

On January 8, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal insofar as you were found not eligible to be enrolled in a qualified health plan at full cost or receive financial assistance through the Marketplace and were disenrolled as of November 30, 2014.

On January 26, 2015, the Marketplace issued a Notice of Telephone Hearing advising you that your hearing was scheduled for February 17, 2015.

On February 17, 2015, you failed to appear by telephone for your scheduled hearing. Accordingly, your appeal was dismissed for failure to appear and a notice to that effect, dated March 5, 2015 was sent to you.

Based on a March 13, 2015 fax that the Marketplace received from you, it vacated the dismissal of your appeal and scheduled a hearing for April 29, 2015.

On April 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open until May 4, 2015 to allow you to submit additional documentation.

On April 29, 2015, you faxed additional documentation to the Marketplace's Appeals Unit. The documentation was been marked as "Appellant Exhibit A" and has been made part of the record. The record is now closed.

Findings of Fact

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

- 1) You were enrolled in MVP Premier Plus from March 1, 2014 up until November 30, 2014, when you were disenrolled for failure to provide citizenship documentation.
- 2) You testified that you were not aware that citizenship status documentation was needed until you received the November 3, 2014 disenrollment notice in the mail.

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- 3) You testified that you called the Marketplace's Customer Service Unit once you received the disenrollment notice and was told to provide proof of your citizenship status.
- 4) You testified that you faxed your U.S. passport to the Marketplace on November 26, 2015.
- 5) You testified that you have approximately \$700.00 in outstanding medical bills for December 2014, so you need coverage reinstated for that month.
- 6) According to your Marketplace account, on January 2, 2015, the Marketplace verified your citizenship status based on your U.S. passport.

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 non-citizen 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

To enroll in a qualified health plan through the Marketplace, a person must have United States citizenship or satisfactory or immigration status. Federal regulations require the Marketplace to obtain or verify a person's immigration status.

When the November 3, 2014 notice of eligibility determination was issued, evidence of your citizenship or immigration status was not available in your Marketplace file. Therefore, we AFFIRM the November 3, 2014 notice of eligibility redetermination and the November 3, 2014 disenrollment notice.

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Decision

The November 3, 2014 notice of eligibility determination and November 3, 2014 disenrollment notice are AFFIRMED.

Effective Date of this Decision: June 16, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were properly disenrolled from your 2014 health plan as of November 30, 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.

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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 November 3, 2014 notice of eligibility determination and the November 3, 2014 disenrollment notices are AFFIRMED.

You were properly disenrolled from your 2014 health plan as of November 30, 2014.

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]