



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: AP000000001462

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

Dear [REDACTED],

On February 25, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2014 eligibility redetermination.

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).

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[REDACTED]  
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[REDACTED]

## Issues

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

Did the Marketplace properly determine that, effective January 1, 2015, your infant daughter was not eligible for any insurance programs or to enroll in a qualified health plan through the Marketplace as of December 21, 2014?

Did the Marketplace properly determine that, effective February 1, 2015, your infant daughter is eligible to enroll in a qualified health plan at full cost with the rest of the family as of January 15, 2015?

## Procedural History

On July 1, 2014, the Marketplace issued a notice of eligibility redetermination based on updated information it had received on your non-financial assistance application. The notice stated that you, your spouse, and three children (including your infant daughter) were qualified to select a health plan outside of the open enrollment period.

On November 6, 2014, the Marketplace issued a renewal notice for 2015 health coverage that said you, your spouse, and three children needed to update information on your Marketplace account by December 16, 2014.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that, effective January 1, 2015, you, your spouse, and two of your children (not including your infant daughter) were eligible to purchase a qualified health plan at full cost through New York State of Health.

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That same day, the Marketplace issued another notice of eligibility redetermination that stated your infant daughter is not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions and cannot enroll in a qualified health plan at full cost through the Marketplace. The reason stated was because information had not been provided regarding her Social Security Number and citizenship status. The notice also stated that if she is enrolled in a health plan, she will no longer receive coverage through her plan and a separate notice would be sent confirming her coverage through such plan had ended.

Also that same day, the Marketplace issued a letter confirming your family's enrollment in a gold-level plan that listed you, your spouse, and two of your children as household members on that health plan. Your infant daughter was not listed as a household member on that letter.

On January 14, 2015, your Marketplace account was updated and the Marketplace prepared a preliminary eligibility redetermination that all household members (including your infant daughter) were eligible for a qualified health plan effective February 1, 2015.

That same day, you spoke with Marketplace's Account Review Unit and appealed the December 22, 2014 eligibility redetermination insofar as your infant daughter was found ineligible to re-enroll in a qualified health plan with the rest of the family as of January 1, 2015.

The January 15, 2015 notice of eligibility redetermination issued by the Marketplace was consistent with the January 14, 2015 preliminary eligibility redetermination.

On February 25, 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 and your spouse reside with your three children in Nassau County, New York.
- 2) Your infant daughter was born on [REDACTED].
- 3) You testified and your Marketplace account reflects that you purchased a qualified health plan at full cost through the Marketplace for the entire family as of July 1, 2014.

- 4) You testified that you contacted your health plan, Health Republic of New York, sometime in the middle of July 2014 and provided your infant daughter's Social Security Number.
- 5) You testified that you were not told by your health plan at the time that you needed to provide her Social Security Number to the Marketplace as well.
- 6) You testified that you did not contact the Marketplace to provide your infant daughter's Social Security Number as it had not been requested in the July 1, 2014 initial eligibility determination letter, you had not received any other notice or request, and you had no other way of knowing it was required.
- 7) A copy of your infant daughter's Social Security card was uploaded to your Marketplace account on January 14, 2015, and shows it was issued on July 17, 2014.
- 8) You testified that, in November or December of 2014, you received notice from your health plan that you could automatically re-enroll in your family's current health plan by paying the January 2015 premium on time and that you didn't need to do anything more. You testified that you did not save the notice but paid the January 2015 premium on time.
- 9) You testified that you did not go into your Marketplace inbox in November and December 2014, because you assumed the renewal notice from your health plan was accurate and reliable and you were very busy with your three children, who were all under the age of five-years old at the time. You feel this was an honest mistake as you were not familiar with the process and did not realize that the Marketplace had a more significant role than the "Middleman."
- 10) You testified that you were not aware that your infant daughter was not re-enrolled with the rest of the family in your health plan as of January 1, 2015 until you tried to get a prescription filled for her during January 2015 and were told by the pharmacist that her insurance had been terminated. You had to pay out-of-pocket for her medication.
- 11) You testified that, on January 14, 2015, you contacted Health Republic of New York to find out why your infant daughter was no longer covered and were told you had to contact the Marketplace to get her enrollment straightened out.
- 12) You testified that you contacted the Marketplace that same day and were told your infant daughter was dropped from your health plan because you did not respond to the request for her Social Security Number.
- 13) According to your Marketplace account, on January 14, 2015, you uploaded a copy of her Social Security Card with an issue date of July 17, 2014, which the Marketplace verified that same day.

14) You testified that you were upset with Health Republic of New York because the renewal notice you received from them led you to believe that to re-enroll your family in the same health plan you only had to pay your premium on time, which you did.

15) You testified that because you were upset you cancelled your family's coverage with Health Republic of New York effective January 31, 2015 and were going to look for coverage outside the Marketplace. You further testified that you decided it was best to purchase your health coverage through the Marketplace effective February 1, 2015. However, your infant daughter remains without insurance coverage for January 2015.

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

## **Applicable Law and Regulations**

### Validating Social Security Numbers and Proper Notice

The Marketplace must verify or obtain information in order to determine that an applicant is eligible for enrollment in a qualified health plan, including validating Social Security Numbers (45 CFR § 155.315(a), (b)).

If an individual attests to U.S. citizenship, the Marketplace must verify the attestation through the U.S. Department of Health and Human Services (HHS) to be submitted to the Social Security Administration (SSA). To the extent that the Marketplace is unable to validate one's Social Security Number, it must provide the individual 90 days from the date of written notice described in (f)(2)(i) to provide satisfactory documentary evidence (45 CFR § 155.315(b)(2)).

If the Marketplace cannot verify the required information, then the Marketplace must make a reasonable effort to identify and address any inconsistencies. However, if the Marketplace is unable to resolve the inconsistency, then it must provide notice to the individual regarding the inconsistency and provide the individual 90 days from the notice date to present satisfactory documentary evidence to resolve the inconsistency (45 CFR § 155.315(f)(1), (2)).

### Annual Open Enrollment

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which qualified individuals may enroll in a Qualified Health Plan (QHP) and enrollees may change QHPs (45 CFR §155.410(a)).

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The 2015 annual open enrollment period began November 15, 2014 and extended through February 15, 2015 (45 CFR §155.410(e)).

For the benefit year beginning on January 1, 2015, the Marketplace must ensure coverage is effective on January 1, 2015 for QHP selections made on or before December 15, 2014 (45 CFR §155.410(f)(1)). The New York State of Health extended the December 15, 2014 deadline to December 20, 2014, for coverage beginning January 1, 2015 (NY State Department of Health Press Release, December 12, 2014).

The Marketplace must ensure coverage is effective on February 1, 2015, for QHP selections received by the Marketplace from December 16, 2014 through January 15, 2015 (45 CFR §155.410(f)(2)).

## **Legal Analysis**

### Validating Social Security Number and Proper Notice

Federal regulations require that an individual seeking enrollment in a qualified health plan through the Marketplace provide a valid Social Security Number if they are eligible for one. These regulations require the Marketplace to obtain or verify (validate) an individual's Social Security Number in order to allow him or her to enroll in a qualified health plan through the Marketplace.

Federal regulations also require the Marketplace to make reasonable efforts to address any inconsistencies that arise. And, if the Marketplace is unable to resolve the inconsistency, it must provide the individual with written notice of the inconsistency and give them 90 days to provide satisfactory evidence to resolve the inconsistency.

You testified and the record reflects that your infant daughter had coverage under your family's health plan from July 1, 2014 to December 31, 2014 without any problems and without notice that her Social Security Number was an issue until November 6, 2014.

The November 6, 2014 notice issued by the Marketplace stated that more information was needed in order to determine whether or not all family members qualify for health coverage. However, this notice did not indicate what kind of information was needed to resolve what discrepancy or for whom. Further, the Marketplace's November 6, 2014 notice gave you 41 days to provide additional information. Although you did not access the notice, the notice does not provide the requisite notice of a discrepancy or 90 days to resolve it as is required by law.

Further, on December 22, 2014, the Marketplace issued an eligibility redetermination notice stating that your infant daughter was not eligible for any insurance programs or to enroll in a qualified health plan at full cost because she did not provide her Social Security Number as requested. However, there was not adequate notice of any such request and once you became aware that you needed to provide her Social Security

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Number, you uploaded her Social Security card on January 14, 2015. Technically, that was 70 days from November 6, 2014 and well within 90 days to resolve the discrepancy.

Therefore, the December 22, 2014 notice of eligibility redetermination for your infant daughter is RESCINDED for failure of the Marketplace via the November 6, 2014 renewal notice to provide (1) Adequate notice of a discrepancy; and (2) A proper timeframe to resolve that discrepancy, deeming it invalid.

### Annual Open Enrollment

The Marketplace guarantees a coverage effective date of January 1, 2015 for any enrollee who selects a QHP on or before December 15, 2014. The Marketplace extended this deadline to December 20, 2014. For enrollees who select a plan before January 15, 2015, the Marketplace guarantees a coverage effective date of February 1, 2015.

You testified that you received emails from the Marketplace in November or December 2014 but did not access your account because you believed the notice from your health plan regarding renewing your family's health plan by paying your premium on time adequately explained how to renew your health plan for 2015. You also testified that you didn't pay attention to the Marketplace emails because you were busy with three small children.

You further testified that you feel you were misled by your health plan on two counts: (1) Because you timely provided your daughter's Social Security Number in July 2014, but were not informed you needed to provide it to the Marketplace as well; and (2) Because you reasonably relied on the health plan's renewal notice that by paying your January 2015 premium on time, which you did, all family members would have coverage beginning January 1, 2015.

In light of this confusion, you were unable to reenroll your daughter in your family's health plan prior to the December 20, 2014 deadline that would have guaranteed her coverage effective date of January 1, 2015.

However, once you learned of the true issue on January 14, 2015, you provided satisfactory and timely proof of your infant daughter's Social Security Number to the Marketplace, which resulted in her being reenrolled in the family's health plan as of February 1, 2015.

In light of the foregoing, the January 15, 2015 notice is MODIFIED to state that your infant daughter's eligibility for 2015 coverage year is effective January 1, 2015.



## **Decision**

The November 6, 2014 renewal notice is invalid, the December 22, 2014 eligibility determination is RESCINDED, and the January 15, 2015 notice is MODIFIED to state that your infant daughter's eligibility for the 2015 coverage year is effective January 1, 2015.

**Effective Date of this Decision:** June 16, 2015

## **How this Decision Affects Your Eligibility**

Your infant daughter's 2015 insurance coverage under your family plan with Health Republic of New York is effective as of January 1, 2015.

## **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

## **Summary**

The November 6, 2014 renewal notice is invalid, the December 22, 2014 eligibility determination is RESCINDED, and the January 15, 2015 notice is MODIFIED to state that your infant daughter's eligibility for the 2015 coverage year is effective January 1, 2015.

Your infant daughter's 2015 insurance coverage under your family plan with Health Republic of New York is effective as of January 1, 2015.

## **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]  
[REDACTED]