



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

## Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002285

[REDACTED]

Dear Ms. [REDACTED]

On October 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 17, 2014 disenrollment notice.

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 Code of 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

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002285

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you were no longer eligible to enroll in a qualified health plan, effective November 30, 2014?

## Procedural History

On November 8, 2013, the Marketplace issued a notice stating that “you have chosen to receive all information from the New York Marketplace electronically. This means that all important notifications will be sent to your Marketplace account.”

On November 19, 2013, your Marketplace account was updated. The Marketplace rendered a preliminary eligibility determination stating that you are not eligible for financial assistance.

On November 15, 2014, the Marketplace rendered a preliminary eligibility determination that you are not eligible to purchase health coverage through the Marketplace.

On November 17, 2014, the Marketplace issued a disenrollment notice confirming that your Healthfirst Gold Leaf coverage will end effective November 30, 2014.

On December 14, 2014, the Marketplace issued an enrollment notice stating that you are enrolled in Healthfirst Gold Leaf Premier NS INN Family Dental Dep25 Family Vision and coverage could start as early as January 1, 2015.

On December 18, 2014, the Marketplace issued an eligibility determination notice that you are eligible to receive up to \$194.00 per month in advance premium tax credits, effective as of January 1, 2015.

On April 3, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal insofar as you had been disenrolled from your qualified health effective November 30, 2014.

On October 9, 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 support the following findings of fact:

- 1) According to your Marketplace account, you were enrolled in Healthfirst Gold Leaf Premier NS INN Family Dental Dep25 Family Vision with a start date of February 1, 2014.
- 2) According to your Marketplace account, the end date of your Healthfirst Gold Leaf Premier NS INN Family Dental Dep25 Family Vision plan was November 30, 2014.
- 3) You testified you never received a notice stating that you must provide citizenship documentation to the New York State of Health.
- 4) There is no notice in your Marketplace account before your November 30, 2014 disenrollment notice directing you to submit citizenship documentation to the New York State of Health.
- 5) You testified that you had a medical appointment on December 2, 2014.
- 6) You testified that you paid approximately \$500.00 for the December 2, 2014 medical appointment and want to be reimbursed for that amount.

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

## **Applicable Law and Regulations**

### Citizenship and Immigration Status

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)).

If an applicant attests to citizenship, status as a national, or lawful presence, and the Marketplace is unable to verify such attestation, the Marketplace must provide notice to the applicant regarding the inconsistency. The Marketplace must provide the applicant with a period of 90 days from the date on which the notice is sent to the applicant to either present satisfactory documentary evidence or otherwise resolve the inconsistency (45 CFR § 155.315(f)(2)).

### **Legal Analysis**

The issue under review is whether the Marketplace properly disenrolled you from your qualified health plan through the Marketplace, effective November 30, 2014.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage through the Marketplace, and must confirm, among other things, that their citizenship status is satisfactory.

If the Marketplace cannot verify an individual's citizenship status, it must provide the individual notice of the inconsistency and a period of 90 days from the date the notice is received to resolve the inconsistency.

You testified that you never received a notice from the New York State of Health requesting citizenship documentation. Furthermore, there are no notices in your Marketplace account directing you to provide citizenship documentation.

The record reflects that the Marketplace did not provide proper notice before disenrolling you from your qualified health plan. As a result, the Marketplace improperly disenrolled you from the qualified health plan on November 30, 2014.

Therefore, the Marketplace's November 17, 2014 disenrollment notice is **RESCINDED**.

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 case is RETURNED to the Marketplace to restore your qualified health plan for the month of December 2014.

## **Decision**

The Marketplace's November 17, 2014 disenrollment notice is RESCINDED.

This case is RETURNED to the Marketplace to restore your qualified health plan for the month of December 2014.

**Effective Date of this Decision:** November 09, 2015

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

The November 17, 2014 disenrollment notice is cancelled.

Your case is being sent back to the Marketplace to restore your qualified health plan until December 31, 2014.

You will be responsible for any outstanding monthly premiums that are due and owing.

## **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

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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 Marketplace's November 17, 2014 disenrollment notice is **RESCINDED**.

This case is **RETURNED** to the Marketplace to restore your qualified health plan for the month of December 2014.

The November 17, 2014 disenrollment notice is cancelled.

Your case is being sent back to the Marketplace to restore your qualified health plan until December 31, 2014.

You will be responsible for any outstanding monthly premiums that are due and owing.

### **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

