



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

Notice of Decision

Decision Date: July 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002298

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 15, 2014 eligibility determination and November 17, 2014 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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[REDACTED]
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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 15, 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 Hudson Health Plan, Inc. on November 30, 2014?

Procedural History

The Marketplace received your initial application for health insurance on January 7, 2014.

On February 21, 2014, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Proof of Citizenship please provide documentation before May 24, 2014."

On November 15, 2014, an eligibility determination notice was issued. The notice stated that you are not eligible for Medicaid, Child Health Plus, an advance premium tax credit (APTC) or cost-sharing reductions (CSR), and you cannot 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.

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On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in Hudson Health Plan, Inc. would end effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

On November 18, 2014, your Marketplace account was updated.

On November 28, 2014, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Proof of Citizenship please provide documentation before February 18, 2015."

On December 11, 2014, the Marketplace issued an enrollment confirmation notice stating that your Hudson Health Plan, Inc. coverage will begin January 1, 2015.

On March 30, 2015, you faxed your U.S. Passport and Certificate of Naturalization to the Marketplace.

On April 6, 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 health plan at full cost or receive financial assistance through the Marketplace as of November 15, 2014, and were disenrolled from Hudson Health Plan, Inc. as of November 30, 2014.

On May 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing. The record is now closed.

Findings of Fact

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

- 1) You were enrolled in Hudson Health Plan, Inc. from January 1, 2014 up until November 30, 2014.
- 2) On February 21, 2014, the Marketplace issued an eligibility determination notice that you are conditionally eligible for Medicaid. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Proof of Citizenship please provide documentation before May 24, 2014."

- 3) Your Hudson Health Plan, Inc. coverage ended on November 30, 2014 for failing to provide citizenship documentation.
- 4) You testified that you were not aware that proof of citizenship documentation was needed because you never received any notices requesting any documentation.
- 5) You testified that you contacted the Marketplace in December 2014 to inquire about the notices that were uploaded in your account, and the Marketplace representative did not state that citizenship documentation was needed.
- 6) You testified that you first became aware that your Hudson Health Plan, Inc. had ended in January 2015 when you received a medical bill stating that Medicaid had denied payment for services rendered in December 2014.
- 7) Your U.S. Passport and Certificate of Naturalization was faxed to the Marketplace on March 30, 2015.
- 8) You testified that you have approximately \$450.00 in outstanding medical bills for December 2014, so you need coverage reinstated for that month.

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.

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On February 21, 2014, the Marketplace issued an eligibility determination that you are conditionally eligible for Medicaid. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Proof of Citizenship please provide documentation before May 24, 2014." Although you stated that you did not receive the notice, the notice that was issued appears in your account, and there is no indication it was returned as undeliverable.

When the November 15, 2014 notice of eligibility determination was issued, evidence of your citizenship or immigration status was not available in your Marketplace file. Therefore, we must AFFIRM the November 15, 2014 notice of eligibility redetermination. Since the Marketplace was unable to confirm your eligibility, the November 17, 2014 disenrollment notice is AFFIRMED.

Decision

The November 15, 2014 notice of eligibility determination is AFFIRMED.

The November 17, 2014 disenrollment notice is AFFIRMED.

Effective Date of this Decision: July 24, 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

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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 15, 2014 notice of eligibility determination is AFFIRMED.

The November 17, 2014 disenrollment notice is 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:

██████████
██████████
██████████