



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

Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002396

[REDACTED]

Dear [REDACTED],

On May 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 10, 2015 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).

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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002396

[REDACTED]

Issue

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

Did the Marketplace properly disenroll your spouse, [REDACTED], from her qualified health plan coverage, effective March 31, 2015?

Procedural History

On December 4, 2014, the Marketplace issued a notice of eligibility determination stating that your spouse, [REDACTED], was conditionally eligible to enroll in a qualified health plan (QHP), effective December 1, 2014. The notice further requested that you provide documentation confirming your spouse's Social Security number by February 10, 2015.

On December 20, 2014, the Marketplace issued a notice confirming, as of December 19, 2014, your spouse's enrollment in a QHP at a premium rate of \$564.59 per month. It further stated that your spouse's coverage could begin as early as January 1, 2015, provided your first month's premium was received. This notice also requested that you provide you provide documentation confirming your spouse's Social Security number by March 6, 2015, or your health insurance could be cancelled.

On March 10, 2015, the Marketplace issued an eligibility redetermination notice stating that your spouse was no longer eligible to enroll in health insurance through the Marketplace because you had not provided your spouse's social security number. Your spouse's eligibility for coverage ended effective March 31, 2015.

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).

Also on March 10, 2015, the Marketplace issued a disenrollment notice that stated your spouse's enrollment in the qualified health plan was terminated effective March 31, 2015.

On April 13, 2015 and April 14, 2015, you updated your account several times.

On April 14, 2015 and April 15, 2015, the Marketplace issued identical eligibility determination notices stating that your spouse was eligible to enroll in a plan at full cost, effective May 1, 2015.

Also on April 14, 2015, you spoke with the Marketplace's Account Review Unit and appealed the March 10, 2015 eligibility determination notice insofar as your spouse was found to be ineligible to enroll in full cost QHP effective March 31, 2015

On April 15, 2015, the Marketplace issued a notice confirming your spouse's enrollment in a QHP with a premium responsibility of \$564.59. The notice further states that you were eligible to begin coverage as early as May 1, 2015, provided your first premium was received.

On May 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. A Mandarin-language interpreter (ID # [REDACTED]) also attended the hearing at your request. The record was developed during the hearing and closed at the end of the hearing.

On August 12, 2015, mail sent to you through the United States Postal Service was returned to the Marketplace as undeliverable.

Findings of Fact

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

- 1) Your spouse enrolled in a qualified health plan (QHP) with coverage beginning January 1, 2015.
- 2) On December 4, 2014, the Marketplace found your spouse conditionally eligible to enroll in a QHP at full cost pending the receipt of documentation to confirm your social security number. This notice requested such documentation by February 10, 2015.
- 3) On December 19, 2015, you enrolled your spouse in a QHP at full cost with such coverage beginning January 1, 2015. An enrollment notice issued by the Marketplace on December 20, 2014 requested that you

provide documentation to confirm your social security number no later than March 6, 2015, or your health insurance could be cancelled.

- 4) There is no evidence in the record that the Marketplace received your citizenship documentation before March 9, 2015. Your application reflects that your spouse's social security number was not provided to the Marketplace until April 13, 2015.
- 5) Your Marketplace account indicates that you elected to receive notifications via electronic mail.
- 6) You testified that you did not receive any e-mails or letters via U.S. Mail from the Marketplace requesting that you provide documentation to confirm your spouse's Social Security number.
- 7) You are seeking reinstatement of your spouse's health insurance coverage for the month of April 2015.

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

Applicable Law and Regulations

Social Security Number

To enroll in a qualified health plan through the Marketplace, an applicant must provide a Social Security number for each applicant seeking health insurance (45 CFR § 155.315(b)).

If an applicant attests to a Social Security number, and the Marketplace is unable to verify such attestation, the Marketplace must provide the applicant 90 days to provide satisfactory documentary evidence, from the date the notice of inconsistency is received by the applicant. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5 day period. (45 CFR § 155.315(b)(2)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The only issue under review is whether the Marketplace properly determined that your spouse was no longer eligible to enroll in a qualified health plan (QHP) through the Marketplace, effective March 31, 2015.

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 Social Security number is accurately reflected.

If the Marketplace cannot verify an individual's Social Security number, it must provide the individual a period of 90 days from the date notice is received to resolve the inconsistency. For purposes of verifying citizenship, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on December 4, 2014, you were advised that your spouse's eligibility was only conditional, and that you needed to provide your spouse's Social Security number before February 10, 2015. This deadline was extended to March 6, 2015 when you enrolled your spouse her QHP on December 19, 2014, with such coverage to begin on January 1, 2015.

The record reflects that the Marketplace did not receive the requested Social Security number documentation before the March 6, 2015 deadline.

However, you testified and the record reflects that you elected to receive your notices from the Marketplace via electronic mail. You testified that you did not receive either the December 4, 2014 eligibility determination or the December 20, 2014 enrollment notice asking you to provide documentation confirming your spouse's Social Security number to the Marketplace.

Since you did not receive proper notice that there was an inconsistency in your Marketplace account, you were not provided an opportunity to respond and the March 10, 2015 eligibility determination is RESCINDED.

The credible evidence of record reflects that you provided the requested documentation on April 13, 2015, upon learning from her doctor's office that your spouse's health insurance had been cancelled effective March 31, 2015.

Based upon the April 13, 2015 and April 14, 2015 applications, the Marketplace found that your spouse was eligible to enroll in a QHP, without condition, no earlier than May 1, 2015.

Since there is sufficient evidence that the proper notice was not provided to you to provide the requested documents, and you have since provided the necessary documentation to enroll your spouse in a QHP at full cost beginning May 1, 2015,

the March 10, 2015 disenrollment notice is MODIFIED to terminate your coverage effective April 30, 2015.

Decision

The March 10, 2015 eligibility determination is RESCINDED.

The March 10, 2015 disenrollment notice is MODIFIED to terminate your coverage effective April 30, 2015

PLEASE TAKE NOTICE: You testified that you did not receive electronic communications, and mail sent to you recently by the United State Postal Service has been returned to the Marketplace as undeliverable. Please call Customer Service at 1-855-355-5777 immediately to update your mailing and email addresses. You will be responsible for checking your Marketplace account frequently to ensure that you see all notices.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

Your spouse's qualified health plan coverage is extended to April 30, 2015.

Please note that this Decision has no effect on any subsequent determinations issued by the Marketplace on or after March 10, 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)).

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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 March 10, 2015 eligibility determination is RESCINDED.

The March 10, 2015 disenrollment notice is MODIFIED to terminate your coverage effective April 1, 2015

PLEASE TAKE NOTICE: You testified that you did not receive electronic communications, and mail sent to you recently by the United State Postal Service has been returned to the Marketplace as undeliverable. Please call Customer Service at 1-855-355-5777 immediately to update your mailing and email addresses. You will be responsible for checking your Marketplace account frequently to ensure that you see all notices.

Your spouse's qualified health plan coverage is extended to April 2015.

Please note that this Decision has no effect on any subsequent determinations issued by the Marketplace on or after March 10, 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:

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