



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

Notice of Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002514

[REDACTED]

Dear [REDACTED]

On June 18, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 15, 2015 eligibility determination and April 16, 2015 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 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: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002514

[REDACTED]

Issue

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

Did the Marketplace properly determine that you were not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace effective April 30, 2015?

Did the Marketplace properly disenroll you from Healthfirst as of April 30, 2015?

Procedural History

The Marketplace received your initial application for health insurance on August 13, 2014.

On August 14, 2014 the Marketplace issued an eligibility determination that you are conditionally eligible to enroll in Medicaid. However, in order for your eligibility to be finalized, you were directed to submit immigration documents to the Marketplace. To confirm your immigration status, you were directed to provide documentation before November 14, 2014.

On April 15, 2015, 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 not provide information on your immigration status, which the Marketplace must obtain in order to confirm your eligibility.

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On April 16, 2014 the Marketplace issued a disenrollment notice. The notice stated that your coverage in Healthfirst would end effective April 30, 2015 because you were no longer eligible to enroll in health insurance through NY State of Health.

On April 21, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as being found not eligible for Medicaid effective April 30, 2015.

On May 4, 2015 the Marketplace issued a Notice of Telephone Hearing to you advising you that the hearing requested was scheduled for May 28, 2015.

On May 19, 2015 the Marketplace issued a Notice of Hearing Cancellation. The telephone hearing scheduled for May 28, 2015 had been postponed at the request of the Department of Health.

On June 18, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open until June 19, 2015 to allow you to submit additional documentation.

On June 19, 2015 you submitted an eleven-page fax to the Marketplace Appeals Unit. The documentation was 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 are applying for health insurance through the Marketplace for yourself only.
2. On August 14, 2014 the Marketplace issued a notice of eligibility determination stating that you conditionally eligible for Medicaid and directing you to provide immigration status to the Marketplace by November 14, 2014.
3. On April 15, 2015 the Marketplace issued a notice stating that you were not eligible for coverage through the Marketplace because you did not provide proof of immigration status.
4. On April 16, 2015 the marketplace issued a disenrollment notice stating that coverage through Healthfirst would end effective April 30, 2015.
5. You faxed three U.S. Citizenship and Immigration Services (USCIS) (Form I-797C), Notice of Action to the Marketplace on May 12, 2015.

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6. You testified that you have \$1,750.00 in outstanding medical bills.
7. You testified that a mistake had been made on immigration documentation. Your first name was incorrectly spelled “Ihab” instead of “Ehabe.”
8. On June 19, 2015 you submitted an eleven-page fax to the Marketplace Appeals Unit.

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

Applicable Law and Regulations

Medicaid

A person who meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)). One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. Generally, no person except a United States citizen, naturalized citizen, qualified alien, or person permanently residing in the United States under color of law (PRUCOL) is eligible for full Medicaid benefits (NY Soc. Serv. Law § 122(1); 18 NYCRR § 360-3.2).

Medicaid must be provided to eligible residents of the United States who are citizens of the United States or national of the United States, and they have provided satisfactory documentary evidence of citizenship or national status (42 CFR § 435.406(a)(1)).

Legal Analysis

An individual seeking enrollment in Medicaid must have, and be able to demonstrate, satisfactory citizenship or immigration status. The Marketplace provided conditional eligibility for Medicaid pending the production of evidence of your immigration status by November 14, 2014. When you failed to provide that documentation, the Marketplace could not confirm your entitlement to Medicaid benefits and so it properly terminated your Medicaid eligibility and Medicaid Managed Care plan enrollment effective April 30, 2015.

Therefore, the April 15, 2015 notice stating that you were no longer eligible for coverage because you had not provided proof of immigration status was correct when it was issued and is **AFFIRMED**.

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However, on May 12, 2015 you faxed three U.S. Citizenship and Immigration Services (USCIS) (Form I-797C), Notice of Action to the Marketplace on May 12, 2015. Also, on June 19, 2015 you faxed a copy of your: (1) U.S. Visa, (2) U.S. Customs and Border Protection Admission (1-94) Number Retrieval Record Number, and (3) Arab Republic of Egypt Passport to the Appeals Unit. Since documentation of your status is now available in the record, your case is returned to the Marketplace to verify the submitted documentation and redetermine your eligibility.

Decision

The April 15, 2015 notice of eligibility determination is AFFIRMED.

The April 16, 2015 notice of disenrollment is AFFIRMED.

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

Effective Date of this Decision: September 3, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were properly disenrolled from Healthfirst as of April 30, 2015.

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

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.

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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 April 15, 2015 notice of eligibility determination is AFFIRMED.

The April 16, 2015 notice of disenrollment is AFFIRMED.

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:



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