



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: AP000000002706

[REDACTED]

Dear [REDACTED],

On June 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s May 2, 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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Issue

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

Did the Marketplace properly determine that as of May 2, 2015, you were not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through NY State of Health effective May 31, 2015?

Did the Marketplace properly disenroll you from SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision will end effective May 31, 2015?

Procedural History

The Marketplace received your initial application for health insurance on December 16, 2014.

On December 17, 2014, the Marketplace issued an eligibility determination that you are conditionally eligible to receive up to \$90.00 monthly of advance premium tax credits. You were directed to provide additional information to confirm your citizenship status by March 18, 2015 in order to confirm your eligibility.

On the same day the Marketplace issued an enrollment notice confirming that you are enrolled in SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision and could start as early as January 1, 2015.

On December 22, 2014, a document was uploaded to your Marketplace Account.

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).

On December 23, 2014, the Marketplace issued a notice stating that you have submitted documentation to the Marketplace, but additional information is required to confirm your eligibility.

On May 2, 2015, the Marketplace issued an eligibility determination that you are not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through NY State of Health because you did not provide proof regarding your citizenship status. Your eligibility will end effective May 31, 2015.

On May 4, 2015, the Marketplace issued a disenrollment notice that your health plan, SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision, will end effective May 31, 2015.

On May 4, 2015 you uploaded a copy of your Certificate of Naturalization to your Marketplace Account.

On the same day 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 qualified health plan at full cost or receive financial assistance through the Marketplace and were disenrolled as of May 31, 2015.

On June 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and the record was left open until July 1, 2015, to allow you submit additional documentation. No documentation was submitted within the allotted time. The record is now complete and closed.

Findings of Fact

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

- 1) You were enrolled in SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision from January 1, 2015 up until May 31, 2015, when you were disenrolled for failure to provide citizenship status documentation.
- 2) On December 17, 2014, the Marketplace determined you conditionally eligible to receive up to \$90.00 monthly of advance premium tax credits. You were directed to provide additional information to confirm your citizenship status by March 18, 2015, in order to confirm your eligibility.
- 3) You testified that you sent your Certification of Naturalization to your navigator in December 2014. You sent the document as a password protected file.

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- 4) On December 22, 2014, the document was uploaded to your Marketplace Account.
- 5) On December 23, 2014, the Marketplace issued a notice stating that you have submitted documentation to the Marketplace, but additional information is required to confirm your eligibility. The notice was received by the Marketplace as "Return Mail" on April 8, 2015.
- 6) On May 2, 2015, the Marketplace determined you not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through NY State of Health because you did not provide proof regarding your citizenship status. Your eligibility ended effective May 31, 2015.
- 7) On May 4, 2015 you uploaded a copy of your Certificate of Naturalization (No. [REDACTED]) to your Marketplace Account.

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.

On December 17, 2014, the Marketplace determined you conditionally eligible to receive up to \$90.00 monthly of advance premium tax credits. You were directed to provide additional information to confirm your citizenship status by March 18, 2015 in order to confirm your eligibility.

On December 22, 2014, a document was uploaded to your Marketplace Account. The document was not able to be verified because it was a password protected file. The 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).

following day the Marketplace issued a notice stating that you have submitted documentation to the Marketplace, but additional proof of citizenship documentation is required to confirm your eligibility

When the May 2, 2015, notice of eligibility determination was issued, evidence of your citizenship or immigration status was not available in your Marketplace file.

Therefore, we AFFIRM the May 2, 2015, notice of eligibility redetermination and the May 4, 2015, disenrollment notice.

Decision

The May 2, 2015, notice of eligibility determination and May 4, 2015, disenrollment notice are AFFIRMED.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You remain disenrolled from SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision as of May 31, 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 May 2, 2015, notice of eligibility determination and the May 4, 2015, disenrollment notices are AFFIRMED.

You remain disenrolled from SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision as of May 31, 2015.

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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