



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

Notice of Decision

Decision Date: September 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002707



Dear [REDACTED],

On June 29, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 3, 2015 eligibility determination and May 4, 2015 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).



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Issue

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

Did the Marketplace properly determine that as of May 3, 2015 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 MetroPlus Health Plan on May 31, 2015?

Procedural History

You updated your Marketplace Account on January 15, 2015.

On January 16, 2015 the Marketplace issued an eligibility determination notice that you are conditionally eligible to receive up to \$248.00 per month of advance premium tax credits and cost-sharing reductions. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Citizenship Status please provide documentation before April 17, 2015."

On May 3, 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

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in a 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.

On May 4, 2015 the Marketplace issued a disenrollment notice. The notice stated that your 2015 coverage in SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision (MetroPlus Health Plan) would end effective May 31, 2015 because you were no longer eligible to enroll in health insurance through New York State of Health.

On May 5, 2015 you uploaded your U.S. Passport to your Marketplace Account.

On May 5, 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 May 3, 2015, and were disenrolled from MetroPlus Health Plan 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. The record is now closed.

Findings of Fact

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

- 1) You were enrolled in MetroPlus Health Plan in 2015 from January 1, 2015 until May 31, 2015.
- 2) On January 16, 2015 the Marketplace issued an eligibility determination notice that you are conditionally eligible for up to \$248.00 of advance premium tax credits and cost-sharing reductions. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Citizenship Status please provide documentation before April 17, 2015."
- 3) Your MetroPlus Health Plan coverage ended on May 31, 2015 for failing to provide citizenship documentation.

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- 4) You testified that you were not aware that proof of citizenship documentation was needed because you did not see the conditional eligibility determination notice in your Marketplace Account inbox.
- 5) You testified that you first became aware that your MetroPlus Health Plan was discontinuing when you received a disenrollment notice from the Marketplace in May 2015.
- 6) Your U.S. Passport was uploaded to the Marketplace on May 5, 2015.
- 7) You testified that you are not aware of having any outstanding medical bills to date.

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 January 16, 2015 the Marketplace issued an eligibility determination that you are conditionally eligible for up to \$248.00 of advance premium tax credits and cost-sharing reductions. However, in order for your eligibility to be finalized, you were directed to submit proof of citizenship documents to the Marketplace. "To confirm your Citizenship Status please provided documentation before April 17, 2015."

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When the May 3, 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 3, 2015 notice of eligibility redetermination. Since the Marketplace was unable to confirm your eligibility, the May 4, 2015 disenrollment notice is AFFIRMED.

Decision

The May 3, 2015 notice of eligibility determination is AFFIRMED.

The May 4, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: September 8, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You were properly disenrolled from your 2015 health plan 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))

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.

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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 3, 2015 notice of eligibility determination is AFFIRMED.

The May 4, 2015 disenrollment notice is AFFIRMED.

You were properly disenrolled from your 2015 health plan 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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