



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003523

[REDACTED]

Dear [REDACTED],

On October 7, 2015, [REDACTED], acting as your authorized representative, 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).

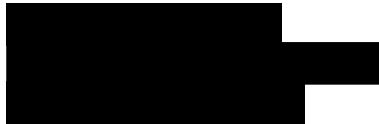
This page intentionally left blank.

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

Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003523



Issues

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, effective May 31, 2015?

Did the Marketplace properly disenroll you from Healthfirst Platinum Leaf ST INN Dep 25, effective May 31, 2015?

Procedural History

On October 26, 2013, the Marketplace issued you a notice confirming that “you have chosen to receive all information from the New York Marketplace electronically.”

On December 12, 2014, the Marketplace issued an eligibility determination notice that you are conditionally eligible to receive up to \$59.00 of advance premiums tax credits through New York State of Health effective as of January 1, 2015. By that notice, you were directed to provide additional documentation regarding citizenship status before March 12, 2015.

On the same day, the Marketplace issued a notice confirming that you were enrolled in Healthfirst Platinum Leaf ST INN Dep 25, which could start as early as January 1, 2015, if you paid your first month’s premium.

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 May 3, 2015, the Marketplace issued an eligibility redetermination notice that you are not eligible to receive financial assistance or to be enrolled in a qualified health plan at full cost through the Marketplace because you failed to provide information regarding your citizenship status and your eligibility will end effective May 31, 2015.

On May 4, 2015 the Marketplace issued a disenrollment notice that your Healthfirst Platinum Leaf ST INN Dep 25 health plan will end effective May 31, 2015.

On June 17, 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 qualified health plan at full cost or to receive financial assistance through the Marketplace and were disenrolled as of May 31, 2015.

On October 7, 2015 your authorized representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken and the record was developed during the hearing. 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 Healthfirst Platinum Leaf ST INN Dep 25 health plan from January 1, 2015 through May 31, 2015, when you were disenrolled for failure to provide citizenship documentation.
- 2) On October 26, 2013, the Marketplace issued you a notice confirming that "you have chosen to receive all information from the New York Marketplace electronically."
- 3) ████████ testified that you were not aware that citizenship status documentation was needed until after you were disenrolled from the health plan.
- 4) ████████ testified that you discovered you had been disenrolled from your health plan when contacting a health provider in June 2015.
- 5) ████████ testified that you did not receive e-mails telling you that the notices were available in your Marketplace account and that your health coverage was being discontinued.
- 6) Your U.S. Passport was uploaded to your Marketplace Account on June 17, 2015.
- 7) ████████ testified that your Marketplace account was modified to receive notices by mail in June 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).

- 8) On June 17, 2015, the Marketplace issued an enrollment notice confirming that you are enrolled in Healthfirst and your coverage could start as early as July 1, 2015.

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

Applicable Law and Regulations

Citizenship Status:

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)).

Electronic Notices

(a) Effective no earlier than October 1, 2013 and no later than January 1, 2015, the agency must provide individuals with a choice to receive notices and information ... in electronic format or by regular mail and must be permitted to change such election.

(b) If the individual elects to receive communications from the agency electronically, the agency must—

- (1) Ensure that the individual's election to receive notices electronically is confirmed by regular mail.

- (2) Ensure that the individual is informed of his or her right to change such election to receive notices through regular mail.

- (3) Post notices to the individual's electronic account within 1 business day of notice generation.

- (4) Send an email or other electronic communication alerting the individual that a notice has been posted to his or her account. The agency may not include confidential information in the email or electronic alert.

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).

(5) Send a notice by regular mail within three business days of the date of a failed electronic communication if an electronic communication is undeliverable

(42 CFR §435.918).

Legal Analysis

The Marketplace must determine an applicant's eligibility promptly and without undue delay and then provide a timely notice to the applicant of the eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

On December 12, 2014, the Marketplace issued an eligibility determination notice that you were conditionally eligible to receive up to \$59.00 of advance premiums tax credits through the Marketplace effective January 1, 2015. You were directed to provide documentation by March 12, 2015 of your citizenship status to confirm your eligibility.

On the same day, you were enrolled in Healthfirst Platinum Leaf ST INN Dep 25, which could start as early as January 1, 2015.

On May 3, 2015, the Marketplace issued an eligibility redetermination notice that your youngest son is "not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. [You] also cannot enroll in a qualified health plan at full cost through the [Marketplace]." The notice states that you failed to provide proof of your citizenship status.

On May 4, 2015, the Marketplace issued a disenrollment notice that your Healthfirst Platinum Leaf ST INN Dep 25 health plan will end effective May 31, 2015.

Since you elected to receive communications from the Marketplace electronically, the Marketplace was required to post notices to your electronic account within one business day of notice generation. It was also required to send an e-mail or other electronic communication alerting you that a notice had been posted to your account.

The December 12, 2014 eligibility determination notice was posted to your account, but the record contains no evidence the Marketplace sent the required e-mails to tell you that it was available in your account. The record also does not indicate whether, if the electronic notices were not delivered, paper notices were sent by regular mail within three business days of the date of a failed electronic communication.

Your wife testified you did not receive e-mails telling you that the notices were available in your Marketplace account and that your health coverage was being discontinued.

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).

Lacking evidence to the contrary, we must conclude that you did not receive notice regarding the need for additional information to confirm your eligibility through the Marketplace.

Accordingly, the May 3, 2015 notice stating that you are not eligible to enroll in a qualified health plan or receive financial assistance because you did not provide additional documentation within the required timeframe lacks support in the record and is RESCINDED.

Therefore, the May 4, 2015 disenrollment notice is RESCINDED.

Decision

The notice of eligibility determination issued on May 3, 2015 is RESCINDED.

The May 4, 2015 disenrollment notice is RESCINDED.

Your case is RETURNED to the Marketplace to restore your health insurance coverage through the Marketplace for June 2015.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision cancels the May 3, 2015 eligibility determination and the May 4, 2015 disenrollment notices.

Your case is RETURNED to the Marketplace to restore your health insurance coverage through the Marketplace for June 2015.

You will be responsible to pay the health insurance premium for June 2015, if it has not been paid.

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.

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).

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. 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 notice of eligibility determination issued on May 3, 2015 is RESCINDED.

The May 4, 2015 disenrollment notice is RESCINDED.

Your case in RETURNED to the Marketplace to restore your health insurance coverage through the Marketplace for June 2015.

You will be responsible to pay the health insurance premium for June 2015, if it has not been paid.

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).

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]