

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

#### **Notice of Decision**

Decision Date: December 10, 2015

NY State of Health Number: AP000000004274



Dear

On November 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 19, 2015 eligibility determination and the subsequent denial of a special enrollment period.

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 regulation45 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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STATE OF NEW YORK DEPARTMENT OF HEALTH P.O. Box 11729 Albany, NY 12211

#### **Decision**

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NY State of Health Number:

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#### Issues

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

Did the Marketplace properly determine that you were no longer eligible to enroll in a qualified health plan, effective July 31, 2015?

Did the Marketplace provide you with a timely determination regarding your request to enroll in a health plan outside of the open enrollment period?

Did the Marketplace properly determine that you were not eligible for a special enrollment period?

# **Procedural History**

On February 16, 2015, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible to receive advance premium tax credits and cost sharing reductions, effective March 1, 2015. The notice further directed you to provide documentation confirming your citizenship status before May 18, 2015, or your eligibility for health insurance or financial assistance might end.

On February 17, 2015, the Marketplace issued a notice confirming your enrollment in Healthfirst Silver Leaf Premier NS INN Family Dental Dep25 Family Vision.

No additional documentation was received by the Marketplace by May 18, 2015.

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On July 19, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were no longer eligible to enroll in health insurance through the Marketplace because you had not confirmed your citizenship status. Your eligibility for coverage ended effective July 31, 2015.

Also on July 19, 2015, the Marketplace issued a notice that stated your enrollment in your qualified health plan was terminated effective July 31, 2015.

On August 11, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 19, 2015 determination insofar as you were not eligible to enroll in a qualified health plan.

On November 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence, including a copy of your Certificate of Naturalization.

On November 30, 2015, the Marketplace's Appeals Unit received your supporting evidence, which included a copy of your Certificate of Naturalization, and a personal written statement. These documents were marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on November 30, 2015.

# **Findings of Fact**

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

- 1) You testified that you received the Marketplace's February 16, 2015 notice requesting documentation confirming your citizenship.
- 2) You testified that you went to your local Healthfirst office in Roosevelt, New York at the end of March 2015 to submit a copy of your Certificate of Naturalization form. You further testified that a representative in that office made a copy of your Certificate of Naturalization and was supposed to upload that document to your Marketplace account.
- There is no evidence in the record that the Marketplace received your citizenship documentation before May 18, 2015.
- According to the written statement you provided after the hearing, you attempted to obtain a letter from the Healthfirst representative who initially enrolled you in your health plan, to confirm that you had presented your Certificate of Naturalization prior to the May 18, 2015 deadline; however, she was uncooperative and did not provide you the letter (Appellant's Exhibit 1, November 30, 2015).

- 5) You submitted a copy of your Certificate of Naturalization to the Appeals Unit via facsimile on November 30, 2015.
- 6) You are seeking reinstatement of your health insurance coverage.
- 7) When you requested an appeal, you also requested a special enrollment period.

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

## **Applicable Law and Regulations**

#### Citizenship and Immigration 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)).

If an applicant attests to citizenship, status as a national, or lawful presence, 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(c)(3)).

#### Timely Review

The Marketplace is required to provide "timely written notice to an applicant of any eligibility determination" made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements for functions in the Individual Marketplace (45 CFR § 155.310(g)). An applicant or enrollee has the right to appeal an eligibility determination or redetermination or a failure by the Marketplace to provide timely notice of eligibility determination (45 CFR § 155.505(b)).

#### Special Enrollment Period

The Marketplace must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)).

For the benefit year beginning on January 1, 2015, the annual open enrollment period began on November 15, 2014 and extended through February 15, 2015 (45 CFR § 155.410(e)); however, the open enrollment period was further extended to February 28, 2015 for individuals who took steps to apply for coverage on or before the February 15, 2015 deadline, but were unable to complete the enrollment process (Press Release: NY State of Health Implements 'Waiting in Line' Provision Ahead of February 15 Open Enrollment Deadline, http://info.nystateofhealth.ny.gov/news/ press-release-ny-state-health-implements-%E2%80%98waiting-line%E2%80% 99-provision-ahead-february-15-open).

After each open enrollment period ends, the Marketplace provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP, and an enrollee may change their enrollment to another plan. This is permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent loses certain health insurance coverage:
  - (a) Health insurance considered to be minimum essential coverage;
  - (b) Enrolled in any non-calendar year health insurance policy that will expire in 2014, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
  - (c) Pregnancy-related coverage; or
  - (d) Medically needy coverage.
- (2) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care; or
- (3) The qualified individual or his or her dependent, who was not previously a citizen, national, or lawfully present individual gains such status; or
- (4) The qualified individual's or his or her dependent's, enrollment or nonenrollment in a QHP is unintentional, inadvertent, or erroneous and is

- the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange; or
- (5) The enrollee or dependent adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee; or
- (6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions; or
- (7) The qualified individual, enrollee, or their dependent, gains access to new QHPs as a result of a permanent move; or
- (8) The qualified individual who is an Indian may enroll in a QHP or change from one QHP to another one time per month; or
- (9) The qualified individual or enrollee, or their dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide; or
- (10) A qualified individual or enrollee, or his or her dependents, was not enrolled in QHP coverage or is eligible for but is not receiving advance payments of the premium tax credit or cost-sharing reductions as a result of misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment activities.

(45 CFR § 155.420(d)).

# Legal Analysis

The first issue under review is whether the Marketplace properly determined that you were no longer eligible to enroll in a qualified health plan through the Marketplace, effective July 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 citizenship status is satisfactory.

If the Marketplace cannot verify an individual's citizenship status, it must provide the individual a period of 90 days from the date notice is received to resolve the inconsistency. In the eligibility determination issued on February 16, 2015, you were advised that your eligibility was only conditional, and that you needed to confirm your citizenship status before May 18, 2015. You testified that you were aware that you needed to provide additional information.

The record reflects that the Marketplace did not receive the requested citizenship documentation before the deadline.

If the Marketplace remains unable to verify the inconsistency after the 90 day period ends, then it must determine the applicant's eligibility based on the information available in the data sources.

Although you testified you provided the required documentation prior to that date, there is nothing in your Marketplace account to show that the requested citizenship documentation was received within the 90 day period, the Marketplace was required to redetermine your eligibility without verification of your citizenship status. As a result, the Marketplace properly determined that you could not enroll in a qualified health plan through NY State of Health effective July 31, 2015 because you had not provided the information requested by the Marketplace.

Therefore, the Marketplace's July 19, 2015 eligibility determination is correct and are AFFIRMED.

However, on November 30, 2015, you submitted a copy of your Certificate of Naturalization to the Marketplace's Appeals Unit. Therefore, your case is RETURNED to the Marketplace to verify your documentation and redetermine your eligibility for health insurance.

The second issue is whether the Marketplace timely prepared an eligibility determination regarding your request for a special enrollment period.

The record does not contain a notice of eligibility determination or redetermination on the issue of a special enrollment period, either timely issued or otherwise.

Therefore, it is determined that the Marketplace failed to timely provide you with an eligibility determination regarding your request for a special enrollment period, and the matter must be returned to the Marketplace for a determination on your eligibility for a special enrollment period as of the date you requested it.

The third issue is whether the Marketplace properly determined that you were not eligible for a special enrollment period. However, as a formal determination has not been issued regarding your request for a special enrollment period, the Marketplace's Appeals Unit cannot address the issue.

Therefore, the matter is RETURNED to the Marketplace for it to issue a determination as to your request for a special enrollment period.

#### Decision

The July 19, 2015 eligibility determination notice is AFFIRMED.

Your case is RETURNED to the Marketplace to verify your citizenship documentation and redetermine your eligibility for health insurance.

The matter is RETURNED to the Marketplace for it to issue a determination as to your request for a special enrollment period.

Effective Date of this Decision: December 10, 2015

# How this Decision Affects Your Eligibility

Your eligibility has not changed.

Your case is being sent back to the Marketplace to verify the citizenship documentation you submitted and redetermine your eligibility for health insurance, if necessary.

Your eligibility to enroll in a qualified health plan through the Marketplace outside of the open enrollment period will not be addressed at this time. A determination regarding your request for a special enrollment period will be issued by the Marketplace after it reviews your eligibility.

# 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

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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 July 19, 2015 eligibility determination notice is AFFIRMED.

Your case is RETURNED to the Marketplace to verify your citizenship documentation and redetermine your eligibility for health insurance.

The matter is RETURNED to the Marketplace for it to issue a determination as to your request for a special enrollment period.

Your eligibility has not changed.

Your case is being sent back to the Marketplace to verify the citizenship documentation you submitted and redetermine your eligibility for health insurance, if necessary.

Your eligibility to enroll in a qualified health plan through the Marketplace outside of the open enrollment period will not be addressed at this time. A determination regarding your request for a special enrollment period will be issued by the Marketplace after it reviews your eligibility.

# **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:

