



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: [REDACTED]
Appeal Identification Number: AP000000004372

[REDACTED]

Dear [REDACTED],

On November 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 20, 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 you were no longer eligible to enroll in a qualified health plan, effective July 31, 2015?

Procedural History

On February 11, 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 13, 2015, or you might lose your eligibility for health insurance or your financial assistance.

On February 14, 2015, a copy of your Certificate of Naturalization was uploaded to your Marketplace account.

Also on February 14, 2015, you and your family were enrolled in CareConnect EPO Bronze ST INN Pediatric Dental Dep 25.

On February 15, 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 income and citizenship status before May 17, 2015.

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On July 20, 2015, the Marketplace issued a notice of eligibility determination stating that your eligibility had been redetermined on July 17, 2015, and 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 would end effective July 31, 2015.

Also on July 20, 2015, the Marketplace issued a notice that stated your enrollment in your qualified health plan was terminated effective July 31, 2015, because you were no longer eligible to enroll in health insurance through New York State of Health. The notice further stated that your spouse and your children's enrollment in the same qualified health plan was terminated effective July 31, 2015, because they were no longer eligible to remain enrolled in their current health insurance.

On August 18, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 20, 2015 determination insofar as you were not eligible to enroll in a qualified health plan.

On November 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you were aware of the Marketplace's request for documentation confirming your citizenship at the time you submitted the February 10, 2015 application for health insurance.
- 2) You testified, and the record reflects, that you uploaded a copy of your Certificate of Naturalization to your Marketplace account on February 14, 2015.
- 3) The evidence in the record indicates that the Marketplace received your citizenship documentation before May 17, 2015. There is no evidence in the record that your documentation was reviewed or verified prior to July 17, 2015, when your eligibility was redetermined.
- 4) The record reflects that you submitted additional copies of your Certificate of Naturalization on August 17, 2015 and August 18, 2015.
- 5) You testified that you incurred medical bills during the month of August 2015 for your child.

- 6) You are seeking reinstatement of your health insurance coverage.

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 five days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the five day period. (45 CFR § 155.315(c)(3)).

Legal Analysis

The 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. For purposes of verifying citizenship, notice is considered received five days after the date on the notice.

In the eligibility determinations issued on February 11 and February 15, 2015, you were advised that your eligibility was only conditional, and that you needed to confirm your citizenship status before May 13 and May 17, 2015, respectively.

The record reflects that the Marketplace received the requested citizenship documentation on February 14, 2015, before the deadline, but did not verify this documentation prior to July 17, 2015 when your eligibility was redetermined.

Since the requested citizenship documentation was received prior to the deadline period and the Marketplace failed to advise you of any possible deficiency in this documentation, the Marketplace improperly determined that you could not enroll in a qualified health plan through NY State of Health effective July 31, 2015 because of failing to provide the information requested by the Marketplace.

Therefore, the Marketplace's July 20, 2015 eligibility determination is incorrect and is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to facilitate your family's reinstatement in coverage with your qualified health plan.

Decision

The July 20, 2015 eligibility determination notice is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to facilitate your family's reinstatement in coverage with your qualified health plan.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

You are eligible to enroll in a qualified health plan through the Marketplace.

Your case is being sent back to the Marketplace to facilitate your family's reinstatement in coverage with your qualified health plan.

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 July 20, 2015 eligibility determination notice is RESCINDED.

Your case is REMANDED to the Marketplace to facilitate your family's reinstatement in coverage with your qualified health plan.

You are eligible to enroll in a qualified health plan through the Marketplace.

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:

