



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: AP000000004389

[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 19, 2015 eligibility determination notice and disenrollment notice.

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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Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004389

[REDACTED]

Issue

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

Did the Marketplace properly determine that your youngest daughter was no longer eligible to enroll in a qualified health plan, effective July 31, 2015?

Procedural History

On March 25, 2015 you added your youngest daughter to your Marketplace account.

On March 26, 2015 the Marketplace issued a notice of eligibility determination stating that your youngest daughter was conditionally eligible to purchase a qualified health plan at full cost, effective March 1, 2015. The notice further directed you to provide documentation confirming your daughter's citizenship status and Social Security number before June 23, 2015 or she might lose her eligibility for health insurance or financial assistance.

Also on March 26, 2015 the Marketplace issued a notice confirming your youngest daughter's enrollment in your family's qualified health plan.

On July 19, 2015, the Marketplace issued a notice of eligibility redetermination stating that your youngest daughter was no longer eligible to enroll in a qualified health plan at full cost through the Marketplace because you had not confirmed her citizenship status or Social Security number. Her eligibility for coverage would end effective July 31, 2015.

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Also on July 19, 2015 the Marketplace issued a disenrollment notice stating that your youngest daughter's enrollment in your family's qualified health plan was terminated effective July 31, 2015.

On August 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 19, 2015 determination and disenrollment notice insofar as your daughter was not eligible for coverage as of July 31, 2015.

On August 20, 2015 the Marketplace issued an eligibility determination notice stating that your youngest daughter was eligible to enroll in Child Health Plus with a \$60.00 per month premium effective October 1, 2015.

Also on August 20, 2015 the Marketplace issued an enrollment confirmation notice stating that your youngest child's enrollment in her Child Health Plus plan could start as early as October 1, 2015 if you pay the first month's premium.

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) According to the application that was submitted on March 25, 2015, your youngest daughter did not have a Social Security number because she was in the process of applying for one.
- 2) The Marketplace issued a notice on March 26, 2015 stating that your youngest daughter was conditionally eligible to purchase a qualified health plan at full cost but that you needed to provide documentation confirming your daughter's citizenship status and Social Security number before June 23, 2015.
- 3) You testified, and your Marketplace account confirms, that you elected to receive notifications via electronic mail.
- 4) You testified that you did not receive any notice from the Marketplace telling you that you needed to submit documentation in order to confirm your daughter's Social Security number and citizenship status.
- 5) You testified that you double checked your inbox and your junk mail folder in your email to confirm that you did not receive an email alerting you to a new notification in your Marketplace account.

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- 6) There is no evidence in the record that the Marketplace received your daughter's citizenship documentation or Social Security number before June 23, 2015.
- 7) You testified, and the record reflects, that prior to being disenrolled your daughter was enrolled in a full-pay qualified health plan along with the rest of your family.
- 8) You testified that when your daughter was disenrolled you called the Marketplace and submitted a financial assistance application that included your daughter's Social Security number. Your daughter then became eligible for Child Health Plus with a plan starting October 1, 2015.

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)). Furthermore, the Marketplace must require an applicant who has a Social Security number to provide such a number (45 CFR § 155.310(a)(3)(i)).

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 validation of Social Security numbers and the certification of citizenship, status as a national, or lawful presence (45 CFR § 155.315(a),(b), (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)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your youngest daughter was no longer eligible to enroll in a qualified health plan through the Marketplace, effective July 31, 2015.

According to the application that was submitted on March 25, 2015, your youngest daughter did not have a Social Security number but was in the process of applying for one.

The Marketplace is required to determine whether individuals are eligible to enroll in coverage through the Marketplace, and must confirm, among other things, that they have a valid Social Security number and that their citizenship status is satisfactory.

If the Marketplace cannot verify an individual's citizenship status or validate their social security number, 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 March 26, 2015 you were advised that your youngest daughter's eligibility was only conditional, and that you needed to confirm your daughter's citizenship status and social security number before June 23, 2015.

The record reflects that the Marketplace did not receive the requested citizenship documentation or a valid social security number before the deadline.

However, you testified and the record reflects that you elected to receive your notices from the Marketplace via electronic mail. You testified that you did not receive the March 26, 2015 eligibility determination notice asking you to provide your youngest daughter's citizenship information and Social Security number to the Marketplace, and there is no evidence in your Marketplace account to show that any electronic alerts were sent to you.

Since you did not receive proper notice that there was an issue with your youngest daughter's Marketplace information, the July 19, 2015 eligibility determination notice and disenrollment notice are **RESCINDED**.

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You testified, and the record reflects, that prior to being disenrolled your daughter was enrolled in a full-pay qualified health plan along with the rest of your family. The record reflects that on August 20, 2015 the Marketplace found your youngest daughter eligible to enroll in Child Health Plus and that plan started on October 1, 2015. As a result, your daughter experienced a gap in her health insurance coverage for the months of August and September 2015.

Therefore, your case is RETURNED to the Marketplace to reinstate your youngest daughter into your family's full pay qualified health plan for the months of August and September 2015, pending the payment of the appropriate premiums.

Decision

The July 19, 2015 eligibility determination notice and disenrollment notice are RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your youngest daughter into your family's full pay qualified health plan for the months of August and September 2015, pending the payment of the appropriate premiums.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

Your case is being sent back to the Marketplace to reinstate your youngest daughter into your family's qualified health plan for the months of August and September 2015.

This decision has no effect on your youngest daughter's eligibility for or enrollment in Child Health Plus.

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.

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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
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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 and disenrollment notice are **RESCINDED**.

Your case is **RETURNED** to the Marketplace to reinstate your youngest daughter into your family's full pay qualified health plan for the months of August and September 2015, pending the payment of the appropriate premiums..

Your case is being sent back to the Marketplace to reinstate your youngest daughter into your family's qualified health plan for the months of August and September 2015.

This decision has no effect on your youngest daughter's eligibility for or enrollment in Child Health Plus.

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:

