



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

Notice of Decision

Decision Date: February 12, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004460

[REDACTED]

Dear [REDACTED],

On December 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 enrollment confirmation 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 Code of 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004460

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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 your daughter was no longer eligible to enroll in a qualified health plan, effective May 31, 2015?

Procedural History

On December 17, 2014 the Marketplace issued a notice of eligibility determination stating that your daughter was conditionally eligible to purchase a qualified health plan at full cost, effective January 1, 2015. The notice further requested that she provide documentation confirming her citizenship status before March 17, 2015.

Also on December 17, 2014 the Marketplace issued a notice confirming her enrollment in your family's qualified health plan as of January 1, 2015.

On May 3, 2015 the Marketplace issued a notice of eligibility redetermination stating that your daughter was no longer eligible to enroll in health insurance through the Marketplace because she had not confirmed her citizenship status. Your daughter's eligibility for coverage ended effective May 31, 2015.

On May 4, 2015 the Marketplace issued a notice stating that your daughter's enrollment in your family's qualified health plan was terminated effective May 31, 2015.

On August 26, 2015, you spoke with the Marketplace's Account Review Unit and appealed the May 3, 2015 eligibility determination and May 4, 2015 disenrollment notice insofar as your daughter no longer had coverage through a qualified health plan.

On December 29, 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, and the record reflects, that you receive your notices from the Marketplace via regular mail.
- 2) You testified that you were not aware that your daughter needed to submit documentation of her citizenship status to the Marketplace until you took your daughter to a doctor's appointment and were told that she had no insurance.
- 3) There is no evidence in the record that any of the notices that were sent to you via regular mail were returned to the Marketplace as undeliverable.
- 4) You testified that you had difficulty obtaining proof of your daughter's citizenship because the State of New York had all of the pertinent documentation and you needed to file a request in order to get copies.
- 5) There is no indication in the record that you requested an extension or informed the Marketplace in a timely manner that you were having difficulties obtaining the documentation.
- 6) The record reflects that proof of your daughter's citizenship status was faxed to the Marketplace on May 8, 2015.
- 7) The record reflects that your daughter was reenerolled into your family's qualified health plan as of October 1, 2015.
- 8) You testified that you are appealing in order to fix the gap in coverage your daughter experienced from June 1, 2015 through September 30, 2015.

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

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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)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your daughter was no longer eligible to enroll in a qualified health plan through the Marketplace, effective May 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 December 17, 2014 you were advised that your daughter's eligibility was only conditional, and that she needed to confirm her citizenship status before March 17, 2015.

The record reflects that you receive your Marketplace notices via regular mail and there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

You testified that you were not aware that your daughter needed to submit documentation of her citizenship status to the Marketplace until you took her to a doctor's appointment and were told that she had no insurance.

The record reflects that proof of your daughter's citizenship status was faxed to the Marketplace on May 8, 2015, however this was after the March 17, 2015 deadline. You testified that you had difficulty obtaining proof of your daughter's citizenship because the State of New York had all of the pertinent documentation and you needed to file a request in order to get copies. There is no indication in the record that you requested an extension or informed the Marketplace in a timely manner that you were having difficulties obtaining the documentation.

Therefore, the record reflects that the Marketplace properly notified you of an inconsistency in your account and that your daughter did not submit 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.

Since the requested citizenship documentation was not received within the 90 day period, the Marketplace was required to redetermine your daughter's eligibility without verification of her citizenship status. As a result, the Marketplace properly determined that your daughter could not enroll in a qualified health plan effective May 31, 2015 because she did not provide the information requested by the Marketplace before the March 17, 2015 deadline.

Therefore, the Marketplace's May 3, 2015 eligibility determination and May 4, 2015 disenrollment notice are correct and are AFFIRMED.

Decision

The May 3, 2015 eligibility determination and May 4, 2015 disenrollment notice are correct and are AFFIRMED.

Effective Date of this Decision: February 12, 2016

How this Decision Affects Your Eligibility

Your daughter was properly disenrolled from her health plan for failure to provide citizenship documentation effective May 31, 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).

This decision has no effect on your daughter's reenrollment into her qualified health plan as of October 1, 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. 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 eligibility determination and May 4, 2015 disenrollment notice are correct and are AFFIRMED.

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Your daughter was properly disenrolled from her health plan for failure to provide citizenship documentation effective May 31, 2015.

This decision has no effect on your daughter's reenrollment into her qualified health plan as of October 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

