



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

## Notice of Decision

Decision Date: February 16, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004641

[REDACTED]

Dear [REDACTED],

On December 9, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 17, 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: February 16, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004641



## Issue

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

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

## Procedural History

On February 24, 2015 you added your youngest son to your Marketplace account.

On February 25, 2015 the Marketplace issued a notice of eligibility determination stating that your youngest son was conditionally eligible to purchase a qualified health plan at full cost, effective February 1, 2015. The notice further directed you to provide documentation confirming your son's citizenship status and Social Security number before May 25, 2015 or he might lose his eligibility for health insurance or financial assistance.

Also on February 25, 2015 the Marketplace issued a notice confirming your youngest son's enrollment in your family's qualified health plan.

On July 17, 2015, the Marketplace issued a notice of eligibility redetermination stating that your youngest son was no longer eligible to enroll in a qualified health plan at full cost through the Marketplace because you had not confirmed his citizenship status or Social Security number. His eligibility for coverage would end effective July 31, 2015.

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Also on July 17, 2015 the Marketplace issued a disenrollment notice stating that your youngest son's enrollment in your family's qualified health plan was terminated effective July 31, 2015.

On September 9, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 17, 2015 determination and disenrollment notice insofar as your son was not eligible for coverage as of July 31, 2015.

On September 10, 2015 the Marketplace issued a notice confirming your youngest son's reenrollment in your family's qualified health plan effective September 1, 2015.

On December 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 you requested that the record be left open for 15 days to allow you time to submit evidence of emails that your health plan sent to you concerning your youngest son's enrollment. No evidence was received by the Appeals Unit within the allotted time frame and the record is now closed.

## **Findings of Fact**

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

- 1) According to the application that was submitted on February 24, 2015, your youngest son did not have a Social Security number because he was in the process of applying for one.
- 2) The Marketplace issued a notice on February 25, 2015 stating that your youngest son was conditionally eligible to purchase a qualified health plan at full cost but that you needed to provide documentation confirming his citizenship status and Social Security number before May 25, 2015.
- 3) Your Marketplace accounts states 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 son's Social Security number and citizenship status.
- 5) There is no evidence in the record that the Marketplace received your son's citizenship documentation or Social Security number before May 25, 2015.

- 6) You testified, and the record reflects, that your son was re-enrolled into your family's full-pay qualified health plan effective September 1, 2015.
- 7) You testified that you are appealing because you do not want your son to have a gap in coverage for August. Furthermore, you testified that your son's disenrollment and reenrollment may have reset your entire family's deductible.

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 February 25, 2015, your youngest son 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 February 25, 2015 you were advised that your youngest son's eligibility was only conditional, and that you needed to confirm your son's citizenship status and social security number before May 25, 2015.

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

However, the record reflects that you elected to receive your notices from the Marketplace via electronic mail. You testified that you did not receive the February 25, 2015 eligibility determination notice asking you to provide your youngest son'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 son's Marketplace information, the July 17, 2015 eligibility determination notice and disenrollment notice are **RESCINDED**.

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You testified, and the record reflects, that your son was re-enrolled into your family's full-pay qualified health plan effective September 1, 2015. You testified that you are appealing because you do not want your son to have a gap in coverage for August. Furthermore, you testified that your son's disenrollment and reenrollment may have reset your entire family's deductible.

Therefore, your case is RETURNED to the Marketplace to reinstate your youngest son into your family's full pay qualified health plan for the month of August 2015, and to ensure that your family's deductible was not reset by his disenrollment from that plan.

## **Decision**

The July 17, 2015 eligibility determination notice and disenrollment notice are RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your youngest son into your family's full pay qualified health plan for the month of August 2015, and to ensure that your family's deductible was not reset by his disenrollment from that plan

**Effective Date of this Decision:** February 16, 2016

## **How this Decision Affects Your Eligibility**

Your case is being sent back to the Marketplace to reinstate your youngest son into your family's qualified health plan for the month of August 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

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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 17, 2015 eligibility determination notice and disenrollment notice are **RESCINDED**.

Your case is **RETURNED** to the Marketplace to reinstate your youngest son into your family's full pay qualified health plan for the month of August 2015, and to ensure that your family's deductible was not reset by his disenrollment from that plan

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

### **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:**

