



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

## Notice of Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004669

[REDACTED]

Dear [REDACTED],

On December 8, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 6, 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 and the NY State of Health number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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).

This page intentionally left blank.



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

## Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004669

[REDACTED]

## 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 through the Marketplace, effective August 31, 2015?

## Procedural History

On April 17, 2015, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective April 1, 2015. The notice further requested that you provide documentation confirming your citizenship status before July 15, 2015; if you failed to submit the documentation your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end.

On April 18, 2015, the Marketplace issued a notice confirming your enrollment in Medicaid.

On August 6, 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 August 31, 2015.

Also on August 6, 2015, the Marketplace issued a notice stating that your enrollment in Medicaid Fee-For-Service was terminated effective August 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).

On September 10, 2015, you spoke with the Marketplace's Account Review Unit and appealed the August 6, 2015 determination insofar as you were determined ineligible to remain enrolled in Medicaid.

On December 8, 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 letter from the Department of Homeland Security containing your alien registration number.

On December 23, 2015, the Marketplace's Appeals Unit did not receive your supporting evidence, and the record was closed.

## **Findings of Fact**

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

- 1) You testified that you received the Marketplace's notice requesting documentation confirming your citizenship.
- 2) You testified that you have been unable to provide proof of your citizenship to the Marketplace because you had a house fire in [REDACTED] in which all of your documentation was destroyed. You further testified that you have not been able to obtain new documentation because you cannot afford it.
- 3) You testified that you informed the Marketplace of your inability to provide the requested documentation.
- 4) You testified that you are became a lawful permanent resident in [REDACTED] 1983. You further testified that you possess a letter from the Department of Homeland Security, which lists your alien registration number. You were requested to submit that letter to the Marketplace's Appeals Unit; however, it was not received within the 15-day period provided after the hearing.
- 5) 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**

### Eligibility for Enrollment in Medicaid

In general, the Marketplace must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The Marketplace must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person’s household remains Medicaid eligible for 12 months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

If the Marketplace remains unable to verify the attestation after the 90-day period ends, then it must determine the applicant’s eligibility based on the information available in the data sources (45 CFR § 155.315(f)(5)).

The Marketplace must provide an exception, on a case-by-case basis, to accept an applicant’s attestation of the information that cannot otherwise be verified if such documentation does not exist, or is not reasonably available, and for whom the Marketplace is unable to otherwise resolve the inconsistency (45 CFR § 155.315(g)). However, this exception is not available in cases of inconsistencies related to citizenship or immigration status (*Id.*)

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you were no longer eligible for Medicaid through the Marketplace, effective August 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 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 April 17, 2015, you were advised that your eligibility for Medicaid was only conditional, and that you needed to confirm your citizenship status before July 15, 2015.

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

You credibly testified that you informed the Marketplace that you were unable to provide the requested documentation because it was destroyed in a house fire. Although the Marketplace must make an exception to accept an applicant's attestation of the requested information when such documentation does not exist, or is reasonably unavailable, this exception does not extend to inconsistencies related to citizenship or immigration status.

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 documentation was not 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 remain enrolled in Medicaid through NY State of Health effective August 31, 2015, because you had not provided the information requested by the Marketplace.

Therefore, the Marketplace's August 6, 2015 eligibility determination is correct and is AFFIRMED.

## **Decision**

The August 6, 2015 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** January 27, 2016

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

You are not eligible to enroll in Medicaid through the Marketplace at this time.

## **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 August 6, 2015 eligibility determination notice is AFFIRMED.

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 are not eligible to enroll in Medicaid through the Marketplace at this time.

### **Legal Authority**

We are sending you this notice in accordance with 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:**

