



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

Notice of Decision

Decision Date: January 15, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004776

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On December 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 17, 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 Code of Federal Regulation (CFR) 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: AP000000004776

[REDACTED]
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Issue

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

Did the Marketplace properly terminate your enrollment in your qualified health plan, effective July 31, 2015?

Procedural History

On November 25, 2014, the Marketplace received your household's application for financial assistance with your health insurance.

That same day, an eligibility determination was made finding you and your spouse conditionally eligible to share in advance premium tax credits and cost sharing reductions in the amount of \$476.00 per month effective January 1, 2015. You were asked to provide documentation confirming your citizenship status before February 25, 2015.

Also on that day, you enrolled both yourself and your spouse into a gold-level qualified health plan with a start date of January 1, 2015, provided you made your first month's premium payment.

On March 7, 2015, the Marketplace redetermined you and your spouse's eligibility for enrollment through the NY State of Health. The determination notice issued that date stated that you were conditionally eligible and your spouse was eligible to share in advance premium tax credits and cost sharing reductions in the amount of \$476.00 per month effective April 1, 2015. You were asked to provide documentation confirming your citizenship status before June 5, 2015.

On July 17, 2015, your eligibility for enrollment through the NY State of Health was redetermined. You were found ineligible to remain enrolled in your qualified health plan as you did not provide documentation confirming your citizenship status within the required timeframe. Your eligibility would therefore end effective July 31, 2015.

That same day, an eligibility determination was made finding your spouse eligible to share in advance premium tax credits in the amount of \$104.00 per month and cost sharing reductions, effective September 1, 2015. She was asked to follow the instructions on how to choose a health plan.

On July 19, 2015, a disenrollment notice was issued terminating your and your spouse's enrollment with your gold-level qualified health plan, effective July 31, 2015.

On September 24, 2015, you spoke with the Marketplace's Account Review Unit and appealed the July 17, 2015, redetermination insofar as you were determined to be ineligible to remain enrolled in a qualified health plan due to your failure to provide citizenship documentation.

On December 15, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

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

- 1) You testified, and your Marketplace account confirms, you receive all of your notices via regular mail.
- 2) You testified that you do not remember receiving the notices asking you to provide citizenship documentation.
- 3) On your November 25, 2014 application, you stated you are a U.S. Citizen.
- 4) There is no evidence in the record that the Marketplace received your citizenship documentation before June 5, 2015.
- 5) You were disenrolled from your gold-level health plan effective July 31, 2015.
- 6) On September 25, 2015, you faxed a copy of your United States Passport to the Marketplace.

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- 7) 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 who reasonably expecting 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, from the date the notice of inconsistency is received by the applicant, to provide satisfactory documentary evidence. Notice is considered to have been 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 first issue under review is whether the Marketplace properly determined 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 determination notice issued on March 7, 2015, you were advised that your eligibility was only conditional and that you needed to provide documentation confirming your citizenship status by June 5, 2015.

The record reflects that the Marketplace did not receive the requested citizenship documentation before the deadline of June 5, 2015.

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.

You testified that you receive your notices via regular mail and your address has not changed since the time of your application. There is no proof in the record that there was a failure in the delivery of the notice to your address in the form of a returned mailing. Therefore, the March 7, 2015 notice is deemed to have been sent to your correct mailing address.

Since the requested citizenship 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 a qualified health plan through NY State of Health effective July 31, 2015 because you had not provided the information requested by the Marketplace by the deadline of June 5, 2015.

Therefore, the Marketplace's July 17, 2015 eligibility determination finding you no longer eligible to enroll in a qualified health plan effective July 31, 2015 is correct and is AFFIRMED.

However, on September 25, 2015, you faxed a copy of your United States Passport to the Marketplace. Therefore, your case is RETURNED to the Marketplace to verify your citizenship documentation and redetermine your eligibility to enroll in a qualified health plan based upon your status as a naturalized citizen, if applicable.

Decision

The Marketplace's July 17, 2015 eligibility determination finding you no longer eligible to enroll in a qualified health plan effective July 31, 2015 is AFFIRMED.

Your case is RETURNED to the Marketplace to verify your citizenship documentation and redetermine your eligibility to enroll in a qualified health plan based upon your status as a naturalized citizen, if applicable.

Effective Date of this Decision: January 15, 2016

How this Decision Affects Your Eligibility

The Marketplace properly terminated your enrollment in a qualified health plan because you did not provide citizenship documentation in timely manner.

Your case is RETURNED to the Marketplace to verify your citizenship documentation and redetermine your eligibility to enroll in a qualified health plan based upon your status as a naturalized citizen, if applicable.

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:

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- By fax: 1-855-900-5557

Summary

The Marketplace's July 17, 2015 eligibility determination finding you no longer eligible to enroll in a qualified health plan effective July 31, 2015 is **AFFIRMED**.

The Marketplace properly terminated your enrollment in a qualified health plan because you did not provide citizenship documentation in timely manner.

Your case is **RETURNED** to the Marketplace to verify your citizenship documentation and redetermine your eligibility to enroll in a qualified health plan based upon your status as a naturalized citizen, if applicable.

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:

[REDACTED]
[REDACTED]
[REDACTED]