



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

Notice of Decision

Decision Date: February 17, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005395

[REDACTED]

Dear [REDACTED],

On February 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 10, 2015 eligibility determination 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 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]
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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 spouse was no longer eligible to enroll in a qualified health plan, effective November 30, 2015?

Procedural History

On June 18, 2015, an application counselor uploaded a copy of your Certificate of Naturalization and a copy of your spouse's Certificate of Naturalization to your Marketplace account.

On August 7, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible and your spouse was conditionally eligible to receive advance premium tax credits (APTC) of up to \$502.00 per month and cost-sharing reductions, effective September 1, 2015. The notice further requested that you provide documentation confirming your spouse's citizenship status before November 4, 2015.

Also on August 7, 2015, the Marketplace issued a notice confirming your enrollment and your spouse's enrollment in a Bronze level qualified health plan (QHP) with a premium responsibility of \$159.12 per month, with coverage effective September 1, 2015.

On November 10, 2015, the Marketplace issued a notice of eligibility redetermination stating that your spouse was no longer eligible to enroll in health insurance through the Marketplace because she had not confirmed her

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citizenship status. Her eligibility for coverage ended effective November 30, 2015.

On November 12, 2015, the Marketplace issued a notice that stated your spouse's enrollment in her QHP was terminated effective November 30, 2015.

On November 22, 2015, the Marketplace issued an eligibility determination stating that you and your spouse were eligible for APTC of up to \$517.00 per month and eligible for cost-sharing reductions, effective January 1, 2016.

On December 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed the November 10, 2015 determination insofar as your spouse was determined no longer eligible to enroll in a QHP, effective November 30, 2015.

On February 8, 2016, 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 that you were first informed that you needed to submit proof of your citizenship status and your spouse's citizenship status in April or May of 2015 by someone from your health plan.
- 2) You testified that you brought in copies of your Certificate of Naturalization and your spouse's Certificate of Naturalization to your health plan's office. The record reflects that these documents were uploaded to your Marketplace account on June 18, 2015
- 3) The record reflects that someone from the Marketplace verified both of these documents ([REDACTED]) on June 22, 2015.
- 4) You testified, and the record reflects, that you and your spouse both currently have coverage through the Marketplace, effective January 1, 2016.
- 5) You testified that you paid all of your premiums for the plan you and your spouse were enrolled in for 2015, including the premium for the month of December 2015.
- 6) You are seeking reinstatement of your spouse's health insurance coverage for the month of December 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)).

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 spouse was no longer eligible to enroll in a qualified health plan through the Marketplace, effective November 30, 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 5 days after the date on the notice.

In the eligibility determination issued on August 7, 2015, you were advised that your spouse's eligibility was only conditional, and that she needed to confirm her citizenship status before November 4, 2015.

You testified that you brought in copies of your Certificate of Naturalization and your spouse's Certificate of Naturalization to your health plan's office. The record reflects that these documents were uploaded to your Marketplace account on June 18, 2015. The record reflects that someone from the Marketplace verified both of these documents [REDACTED] on June 22, 2015.

Since there is credible evidence in the record that you did submit your spouse's citizenship documentation within the required time frame, the Marketplace improperly determined that, effective November 30, 2015, your spouse was no longer eligible to enroll in health insurance through the Marketplace because you had not confirmed her citizenship status.

Therefore, the Marketplace's November 10, 2015 eligibility determination stating that your spouse was not eligible to enroll in a qualified health plan through the Marketplace, effective November 30, 2015, is RESCINDED.

Since your spouse should have remained eligible for enrollment in her qualified health plan, the November 12, 2015 disenrollment notice stating that your spouse's coverage in her qualified health plan was terminated effective November 30, 2015 is also RESCINDED.

Decision

The November 10, 2015 eligibility determination notice finding that your spouse was not eligible to enroll in a qualified health plan effective November 30, 2015 is RESCINDED.

The November 12, 2015 disenrollment notice terminating your spouse's coverage in her qualified health plan is RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your spouse's eligibility for coverage in your couple's Bronze level qualified health plan, effective December 1, 2015.

Effective Date of this Decision: February 17, 2016

How this Decision Affects Your Eligibility

This decision has no effect on your coverage or your spouse's coverage for the 2016 year.

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).

Your case is being sent back to the Marketplace so that your spouse's coverage can be reinstated for December 2015.

Please be advised that you are responsible for payment of any premiums for your spouse's coverage once she is reinstated in her qualified health plan.

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

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The November 10, 2015 eligibility determination notice finding that your spouse was not eligible to enroll in a qualified health plan effective November 30, 2015 is RESCINDED.

The November 12, 2015 disenrollment notice terminating your spouse's coverage in her qualified health plan is RESCINDED.

Your case is RETURNED to the Marketplace to reinstate your spouse's eligibility for coverage in your couple's Bronze level qualified health plan, effective December 1, 2015.

This decision has no effect on your coverage or your spouse's coverage for the 2016 year.

Please be advised that you are responsible for payment of any premiums for your spouse's coverage once her coverage for December 2015 is reinstated.

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:

