

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

## Notice of Decision

Decision Date: January 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011252

[REDACTED]

Dear [REDACTED],

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's June 18, 2016 eligibility determination and disenrollment 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 and the NY State of Health Account ID 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.

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: January 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011252

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for financial assistance and enrollment in health coverage should end effective June 30, 2016?

## Procedural History

On February 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time. The notice further requested that you provide documentation confirming your immigration status before May 19, 2016.

On February 23, 2016, NYSOH issued an enrollment notice confirming that as of February 22, 2016, you were enrolled in an Essential Plan with an enrollment start date of March 1, 2016. The notice further requested that you provide documentation confirming your immigration status documentation before May 19, 2016.

On March 9, 2016, NYSOH issued a notice stating that you have submitted documentation to resolve the inconsistency with your application. However, the documentation was insufficient to resolve the request. The notice directed you to provide additional proof of your immigration status.

On June 17, 2016, NYSOH redetermined your eligibility for health insurance.

On June 18, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid, Child Health Plus, Essential Plan, or to

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receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost because you had not confirmed your immigration status within the required timeframe. Your eligibility for coverage ended effective June 30, 2016.

Also on June 18, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan would end June 30, 2016, because you were no longer eligible to enroll in health insurance through NYSOH.

On August 3, 2016, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination stating that you were eligible for a limited time to enroll in the Essential Plan with no monthly premium.

Also on August 3, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it ended your financial assistance eligibility and enrollment in the Essential Plan on June 30, 2016.

On August 4, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time. The notice further requested that you provide documentation confirming your income before November 1, 2016.

On August 4, 2016, NYSOH issued an enrollment notice confirming that as of August 3, 2016, you were enrolled in an Essential Plan with an enrollment start date of August 1, 2016.

On December 29, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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) Your NYSOH account reflects that you were enrolled in an Essential Plan with an enrollment start date of March 1, 2016.
- 2) You testified and your NYSOH account reflect, that you receive all of your notices from NYSOH via regular mail.
- 3) You testified that you did receive notices stating that your eligibility was only conditional and that you needed to provide documentation of your immigration status.
- 4) You testified that you submitted your Employment Authorization Card (EAC) and Social Security card to verify your immigration status.

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- 5) Your NYSOH account reflects that on July 9, 2015, you faxed your EAC and Social Security card to NYSOH (██████████); uploaded July 10, 2015). Your EAC reflected that it was valid from July 23, 2014 until January 22, 2016.
- 6) Your NYSOH account reflects that you were disenrolled from the Essential Plan effective June 30, 2016 for failing to submit documentation to confirm your immigration status.
- 7) You testified that you had blood work done in July 2016, and have approximately \$400.00 in outstanding medical bills as a result of the blood tests.
- 8) You testified that you contacted your Essential Plan, UnitedHealthcare Community Plan, approximately two weeks prior to the blood tests. A health plan representative stated that your plan was active.
- 9) You testified that you are seeking reinstatement of your Essential for July 2016 to cover your outstanding medical bills.

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 health plan through NYSOH, an applicant must be a citizen or national of the United States, or a non-citizen who is 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)).

NYSOH must verify or obtain information in order to determine that an applicant is eligible for enrollment in a 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 NYSOH is unable to verify such attestation, NYSOH must provide the applicant with notice of the inconsistency. NYSOH must then provide the applicant with 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), (f)(2)(i)).

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If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were no longer eligible for financial assistance or eligible to enroll in health insurance coverage through NYSOH, effective June 30, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship or immigration status is satisfactory.

If NYSOH cannot verify an individual's citizenship or immigration status, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90-days from the date notice is received to resolve the inconsistency. For purposes of verifying citizenship or immigration status, notice is considered received 5 days after the date on the notice.

In the eligibility determination and enrollment notices issued on February 20, 2016, and February 23, 2016, you were advised that your eligibility was only conditional, and that you needed to provide documentation to confirm your immigration status before May 19, 2016.

You testified that you submitted your Employment Authorization Card and Social Security card to NYSOH in order to verify your immigration status. The record reflects that you had faxed your Employment Authorization Card and Social Security card to NYSOH on July 9, 2015. The Employment Authorization Card had an expiration date of January 22, 2016. Therefore, that documentation was no longer valid to prove your immigration status.

The record reflects that NYSOH did not receive the requested immigration status documentation before the deadline. Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested immigration status documentation before the deadline.

If NYSOH 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 immigration status documentation was not received within the 90-day period, NYSOH was required to redetermine your eligibility without verification of your immigration status. As a result, NYSOH properly determined

that you could not enroll in a health plan through NYSOH effective June 30, 2016 because you did not provide the information requested by NYSOH.

Therefore, NYSOH's June 18, 2016 eligibility determination and disenrollment notices were correct and are AFFIRMED.

## **Decision**

The June 18, 2016 eligibility determination and disenrollment notices were correct and are AFFIRMED.

**Effective Date of this Decision:** January 31, 2017

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

NYSOH properly found you not eligible for financial assistance and eligible to enroll in a health plan because you did not submit proof of your immigration status.

## **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 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 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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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The June 18, 2016 eligibility determination and disenrollment notices were correct and are AFFIRMED.

NYSOH properly found you not eligible for financial assistance and eligible to enroll in a health plan because you did not submit proof of your immigration status.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**

