



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

Notice of Decision

Decision Date: July 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016952

[REDACTED]

Dear [REDACTED],

On June 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2017 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 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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NY State of Health Account ID: [REDACTED]
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[REDACTED]

[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 you and your spouse were no longer eligible for health insurance and properly end your coverages, effective March 31, 2017?

Procedural History

On December 1, 2016, a Non-Financial Assistance application was submitted through NYSOH.

On December 2, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were conditionally eligible to purchase a qualified health plan (QHP) at full cost, effective January 1, 2017. The notice directed you to submit proof of citizenship status and a Social Security number (SSN) by March 1, 2017, and your spouse to submit proof of citizenship status by March 1, 2017, to confirm your eligibilities.

Also on December 2, 2016, NYSOH issued a plan enrollment notice confirming that, as of December 1, 2016, you and your spouse were enrolled in a QHP with an enrollment start date of January 1, 2017.

On December 8, 2016 and December 9, 2016, additional documentation was uploaded to your NYSOH account ([REDACTED])

[REDACTED]

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On March 7, 2017, your NYSOH account was systematically updated.

On March 8, 2017, NYSOH issued an eligibility determination stating that you and your spouse were no longer eligible for health insurance through NYSOH, effective April 1, 2017. The notice stated this was because proof of your SSN and your spouse's citizenship status were not submitted to NYSOH to confirm your eligibilities.

Also on March 8, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's coverage would end March 31, 2017, because you both were no longer eligible enroll in health insurance through NYSOH.

On March 17, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal relative to your and your spouse's disenrollment from your QHP.

On March 18, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that you and your spouse did not qualify to select a health plan outside of the open enrollment period for 2017.

On April 10, 2017, your NYSOH account was updated.

On April 11, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a QHP at full cost, effective as of May 1, 2017.

Also on April 11, 2017, NYSOH issued a plan enrollment notice confirming that, as of April 10, 2017, you and your spouse were enrolled in a QHP with an enrollment start date of May 1, 2017.

On June 19, 2017, additional documentation was uploaded to your NYSOH account [REDACTED]

On June 21, 2017, 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 supports the following findings of fact:

- 1) You testified that your December 2016 applications were completed with the assistance of an insurance broker.
- 2) According to your December 1, 2016 application, you and your spouse were listed as "US Citizen[s]."

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- 3) According to your December 1, 2016 application, your name was listed as [REDACTED]
- 4) According to your NYSOH account, your spouse's U.S. Passport was uploaded to your NYSOH account on March 10, 2016. The passport indicated that it was issued on August 22, 2011, and expired on August 21, 2021 [REDACTED]
- 5) According to your NYSOH account, your U.S. Passport was uploaded to your NYSOH account on March 10, 2016, and December 8, 2016. The passport indicated that was name was [REDACTED] and expired on April 10, 2023 [REDACTED]
[REDACTED]
- 6) According to your NYSOH account, you submitted the following documentation to NYSOH on December 9, 2016:
 - (a) Your and your spouse's Social Security cards. Your Social Security card indicated that your name was [REDACTED]
 - (b) A Certificate of Marriage Registration from the City of [REDACTED] Office of City Clerk's Marriage of License Bureau. It certified that on November 30, 2001, you and your spouse were married, and that your surname was changed from [REDACTED] to [REDACTED]
[REDACTED]
- 7) According to the "BackOffice Notes" in your NYSOH account, "Granted SEP due to system error, docs not being processed." The notes were entered in your account on March 27, 2017.
- 8) According to your April 10, 2017 application, you and your spouse were "Naturalized Citizen[s]" and provided your certificate of citizenship numbers.
- 9) According to your NYSOH account, you and your spouse were re-enrolled in a QHP with an enrollment start date of May 1, 2017.
- 10) On June 19, 2017, your Social Security card, issued on March 30, 2017, was uploaded to your account. The card indicated that your name was [REDACTED] and had the same SSN as the card uploaded on December 9, 2016 [REDACTED]

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

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Applicable Law and Regulations

QHP - Citizenship and Immigration Status

To enroll in a QHP 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 QHP, 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)).

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)).

QHP - Social Security Number

NYSOH must require an applicant who has an SSN to provide such number to NYSOH (45 CFR § 155.310(a)(3)(i)).

NYSOH 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 SSNs (45 CFR § 155.315(a),(b)).

If NYSOH is unable to validate an applicant's SSN, NYSOH 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(b)(2)).

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 and your spouse were no longer eligible to enroll in a QHP and such that your health insurance coverages ended effective March 31, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that they have valid citizenship status and a valid SSN.

If NYSOH cannot verify an individual's citizenship status and SSN, 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 confirming proof of citizenship and SSN, notice is considered received 5 days after the date on the notice.

In the notice issued on December 2, 2016, you were advised that your and your spouse's eligibility was only conditional. Additional proof of your citizenship status and SSN, and proof of your spouse's citizenship status was needed before March 1, 2017 to confirm your eligibilities. That notice included an acceptable documentation list that would confirm citizenship status [REDACTED] [REDACTED]

[REDACTED] The list included a U.S. Passport book as acceptable proof for US Citizens or Naturalized US Citizens.

On March 8, 2017, NYSOH issued an eligibility determination notice, based on a March 7, 2017, systematic update to your account, stating that you and your spouse were no longer eligible for health insurance through NYSOH because your SSN was not confirmed and your spouse's citizenship status had not been confirmed.

The record reflects that your spouse attested to a citizenship status of "US Citizen" in the December 2016 applications, and their status was updated to "Naturalized Citizen" on April 10, 2017. On March 10, 2016, your spouse's U.S. Passport had been uploaded to your NYSOH account. That passport indicates that it did not expire until April 21, 2021 [REDACTED] [REDACTED]

Since a U.S. Passport is acceptable proof for US Citizens and Naturalized US Citizens, the record contained sufficient proof of your spouse's citizenship status as of March 10, 2017.

The record reflects that the December 2016 applications listed your name as [REDACTED] On December 8, 2016, and December 9, 2016, your U.S. Passport, Social Security card, and Certificate of Marriage Registration from the City of [REDACTED] Office of City Clerk's Marriage of License Bureau were uploaded to your NYSOH account. The Social Security card indicated that your name was [REDACTED]. However, the Certificate of Marriage Registration

and U.S. Passport specified that your surname was changed from [REDACTED] to [REDACTED]

[REDACTED]. Furthermore, on March 30, 2017, you were issued a new Social Security card by the Social Security Administration. The card indicated that your name was [REDACTED] and had the same SSN as the card uploaded on December 9, 2016 [REDACTED]

The record reflects that you provided your Social Security card and sufficient documentation to show that your surname had been changed since that card had been issued. Therefore, the record contained sufficient proof of your SSN.

It is concluded that sufficient documentation was received by NYSOH to satisfy their request for additional information for you and your spouse. Therefore, the March 8, 2017 notices stating that you and your spouse were no longer eligible for health insurance and terminating your coverage through NYSOH is RESCINDED.

Your account reflects that you and your spouse were re-enrolled in a QHP with an enrollment start date of May 1, 2017. Therefore, your case is RETURNED to NYSOH to reinstate your coverage for the month of April 2017.

Decision

The March 8, 2017 eligibility determination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH is RESCINDED.

The March 8, 2017 disenrollment notice stating that you and your spouse's coverage would end March 31, 2017, because you were no longer eligible enroll in health insurance through NYSOH is RESCINDED.

You and your spouse spouse's case is RETURNED to NYSOH to reinstate your coverage for the month of April 2017, and to notify you accordingly.

Effective Date of this Decision: July 31, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you and your spouse from your QHP effective March 31, 2017.

Your and your spouse's case is being returned to NYSOH to reinstate your coverage for the month of April 2017. NYSOH will notify you once this has been done.

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 will be responsible to pay the health insurance premium directly to the QHP to effectuate this coverage, if you have not already done so.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 8, 2017 eligibility determination notice stating that you and your spouse were no longer eligible for health insurance through NYSOH is RESCINDED.

The March 8, 2017 disenrollment notice stating that you and your spouse's coverage would end March 31, 2017, because you were no longer eligible enroll in health insurance through NYSOH is RESCINDED.

You and your spouse spouse's case is RETURNED to NYSOH to reinstate your coverage for the month of April 2017, and to notify you accordingly.

NYSOH improperly disenrolled you and your spouse from your QHP effective March 31, 2017.

Your and your spouse's case is being RETURNED to NYSOH to reinstate your coverage for the month of April 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the health insurance premium directly to the QHP to effectuate this coverage, if you have not already done so.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu,appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yi tow krataa a ho hia. Se wo hia eho nkyerexyeremu a, ye se wo, fre 1-855-355-5777. yEbhEsumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک ایم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

יידיש (Yiddish)

דאָס איז אַויכטיגער דאָקָומָנָנט. אויב אַיר דָּאָרָפֶט הַילָּפָע אוֹס צָו פָּאָרָשְׁטִין, בִּיטָּע רָופֶט 1-855-355-5777. מִיר קָעָנוּן אַיְלָג עַבְן דָּאַלְמָעַטְשָׁר פֿרְנִי פֿון אַפְּצָאַל אַיְן דִּי שְׁפָרָאַךְ וְאַסְ אַיר רָעַדְטַ.

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