



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

Notice of Decision

Decision Date: August 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018713

[REDACTED]

Dear [REDACTED],

On July 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 29, 2017 discontinuance and plan 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: August 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018713



Issue

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

Did NY State of Health properly determine that your spouse's eligibility for and her enrollment in a qualified health ended effective May 1, 2017?

Procedural History

On December 9, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible to enroll in a full price qualified health plan and that your child and your spouse were conditionally eligible to enroll in a full price qualified health plan, effective January 1, 2017. The notice further requested that you provide documentation confirming your child's and your spouse's immigration status before March 8, 2017.

On December 15, 2016, NYSOH received your updated application for health insurance.

On December 16, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in a full price qualified health plan and that your child, your father and your spouse were conditionally eligible to enroll in a full price qualified health plan, effective January 1, 2017. The notice further requested that you provide documentation confirming your child's and your spouse's immigration status before March 8, 2017.

Also on December 16, 2016, NYSOH issued a plan enrollment notice confirming your, your child's and your spouse's enrollment in a full price qualified health plan, effective January 1, 2017.

On February 14, 2017, NYSOH validated your child's immigration documents and an updated application for health insurance was submitted on your family's behalf.

On February 15, 2017, NYSOH issued a notice of eligibility determination stating that you and your child were eligible to enroll in a full price qualified health plan, and that your spouse was conditionally eligible to enroll in a full price qualified health plan, effective March 1, 2017. This notice further requested that you provide documentation confirming your spouse's immigration status by April 22, 2017.

Also on February 15, 2017, NYSOH issued a plan enrollment notice confirming your, your spouse's and your child's enrollment in full price qualified health plan, effective January 1, 2017.

No documents were uploaded to your NYSOH account by April 22, 2017.

On April 29, 2017, NYSOH issued a discontinuance notice stating that your spouse was no longer eligible for health insurance through NYSOH. This notice further stated that this was because you did not provide documentation of her immigration status to confirm her eligibility.

Also on April 29, 2017, NYSOH issued a plan disenrollment notice stating that your spouse was no longer enrolled in her full price qualified health plan, effective April 30, 2017.

On May 5, 2017, you spoke to NYSOH's Account Review Unit and appealed the discontinuance and plan disenrollment notices insofar as it ended your spouse's eligibility for and enrollment in a qualified health plan on May 1, 2017.

On July 28, 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, and the record reflects, that you receive all of your notices from NYSOH via regular mail.

- 2) You testified that you did receive the notices stating that your spouse's eligibility was only conditional and that you needed to provide documentation of her immigration status.
- 3) You testified that your spouse currently only has an expired employment authorization card; which expired on [REDACTED] 2012.
- 4) You testified that you spouse is currently applying for a new employment authorization card, but that she has not received a new one at this time.
- 5) You testified that you explained this to the NYSOH representative, and they informed you that if you could not provide immigration documentation by the due date, April 22, 2017, that you could call them before the deadline and they would extend it.
- 6) You testified that you contacted NYSOH prior to April 22, 2017 to inform them that you did not have any immigration documentation for your spouse by the due date, and that you asked for an extension.
- 7) There is no indication in the record that you attempted to contact NYSOH between February 15, 2017 and April 22, 2017.
- 8) You testified that you would like your spouse to be reinstated in her qualified health plan.

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 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 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 NYSOH is unable to verify such attestation, NYSOH must provide the applicant

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was no longer eligible to enroll in a qualified health plan through NYSOH, effective May 1, 2017.

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

If NYSOH cannot verify an individual's 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 immigration, notice is considered received 5 days after the date on the notice.

In the eligibility determination issued on December 15, 2016, you were advised that your spouse's eligibility was only conditional, and that you needed to submit immigration documents to confirm her immigration status by March 8, 2017. This due date was later extended to April 22, 2017 by the eligibility determination issued on February 15, 2017.

You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail. You testified that you did receive the notices stating that your spouse's eligibility was only conditional and that you needed to provide documentation of her immigration status, but that your spouse is currently in the process of renewing her employment identification card. You further testified that you were informed by NYSOH that if your spouse was unable to provide immigration documentation by the deadline that you could contact NYSOH and they would extend the deadline. However, there is no indication in the record that you attempted to contact NYSOH between February 15, 2017 and April 22, 2017 to seek an extension of this deadline. There is also no indication in the record that you submitted your valid, unexpired immigration documents for your spouse.

Therefore, NYSOH properly notified you of an inconsistency in your account and you did not submit the requested immigration 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 documentation was not received within the 90 day period, NYSOH was required to redetermine your spouse's eligibility without verification of your spouse's immigration status. As a result, NYSOH properly determined that your spouse could not enroll in a qualified health plan through NYSOH effective May 1, 2017 because you did not provide the information requested by NYSOH.

Therefore, NYSOH's April 29, 2017 discontinuance notice and plan disenrollment notice are correct and are AFFIRMED.

Decision

The April 29, 2017 discontinuance notice is AFFIRMED.

The April 29, 2017 plan disenrollment notice is AFFIRMED.

Effective Date of this Decision: August 15, 2017

How this Decision Affects Your Eligibility

NYSOH properly found your spouse not eligible to enroll in a qualified health plan because she did not submit proof of her immigration status.

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.

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).

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

Summary

The April 29, 2017 discontinuance notice is AFFIRMED.

The April 29, 2017 plan disenrollment notice is AFFIRMED.

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NYSOH properly found your spouse not eligible to enroll in a qualified health plan because she did not submit proof of her 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:



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. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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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 ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم 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.

שׂוֹדִישׁ (Yiddish)

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דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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