



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

Notice of Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019627

[REDACTED]

Dear [REDACTED],

On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 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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Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019627

[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 spouse was no longer eligible for health insurance and ended their coverage effective May 31, 2017?

Procedural History

On February 1, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your spouse was conditionally eligible to purchase a qualified health plan (QHP) at full cost, effective March 1, 2017. The notice directed you to provide proof of your spouse's citizenship status by May 1, 2017, to confirm their eligibility.

Also on February 1, 2017, NYSOH issued a plan enrollment notice confirming, in relevant part, that your spouse was enrolled in a QHP with an enrollment start date of March 1, 2017. The notice directed you to provide proof of your spouse's citizenship status by May 1, 2017, to confirm their eligibility.

There is not record that any proof was submitted to NYSOH by May 1, 2017.

On May 7, 2017, your NYSOH account was systemically updated.

On May 8, 2017, NYSOH issued an eligibility determination notice stating that your spouse was no longer eligible for health insurance through NYSOH,

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effective June 1, 2017. The notice stated that proof of your spouse's citizenship status was not submitted to NYSOH to confirm their eligibility.

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

On June 7, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to your spouse's disenrollment from their QHP.

On September 7, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until September 8, 2017, to allow you to submit your spouse's U.S. Certificate of Naturalization.

On September 8, 2017, you faxed two-pages of documentation to NYSOH's Appeals Unit. That documentation was made part of the record as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) You testified that, on January 31, 2017, a NYSOH customer service representative assisted you in applying for health insurance coverage for your spouse. You uploaded proof of your spouse's citizenship status while on the telephone with the representative.
- 2) According to your NYSOH account, no documentation was uploaded to your account on January 31, 2017.
- 3) According to your NYSOH account, you receive notices from NYSOH electronically.
- 4) You testified that the email address listed in your NYSOH account is your current email address.
- 5) You testified that you did not receive any emails from NYSOH informing you that notices were posted to your online account.
- 6) You testified that you did not receive any notice in the mail that additional documentation was needed to confirm your spouse's eligibility.

- 7) According to your January 31, 2017 application, your spouse is a “U.S. Citizen.”
- 8) You testified that your spouse is a naturalized U.S. citizen.
- 9) On September 8, 2017, you submitted your spouse’s U.S. Certificate of Naturalization. The certificate states that your spouse became a citizen of the United States on [REDACTED] (see Appellant Exhibit A p. 2).

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

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH by either electronic or regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant’s account within 1 day of the notice being generated (45 CFR §155.230(d); 42 CFR §435.918(b)(3), (4)). If

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an electronic notice is undeliverable, NYSOH must send a notice by regular mail within three business days of the date of a failed electronic communication (42 CFR §435.918(b)(5)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was no longer eligible to enroll in health insurance such that their coverage n their QHP ended effective May 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.

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

In the notices issued on February 1, 2017, you were advised that your spouse's eligibility was only conditional, and that additional proof of their citizenship status was needed to confirm their eligibility before May 1, 2017.

You testified that on January 31, 2017, you uploaded proof of your spouse's citizenship status to your NYSOH account. Your account reflects that no documentation was uploaded to your account on that date.

On May 8, 2017, NYSOH issued an eligibility determination notice stating your spouse was no longer eligible for health insurance through NYSOH because their citizenship status had not been confirmed. NYSOH also issued a disenrollment notice informing you that their QHP coverage was to end May 31, 2017.

However, the record reflects that you elected to receive alerts regarding notices from NYSOH, electronically. You credibly testified that you did not receive any notice from NYSOH stating that additional documentation was needed to confirm your spouse's eligibility. There is no evidence in your account documenting that any email alert was sent to you regarding the need to submit additional documentation, or that it failed, and the notice was sent to you by regular mail.

As such, it is concluded that NYSOH did not provide proper notice that additional proof of your spouse's citizenship status was needed. Therefore, the May 8, 2017 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is RETURNED to NYSOH to reinstate your spouse's health insurance coverage as of June 1, 2017, and to notify you accordingly.

Decision

The May 8, 2017 eligibility determination notice is RESCINDED.

The May 8, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's coverage as of June 1, 2017, and to notify you accordingly.

Effective Date of this Decision: September 18, 2017

How this Decision Affects Your Eligibility

NYSOH failed to give proper notice that additional proof of your spouse's citizenship status was needed and, therefore, it improperly determined that your spouse was ineligible for health insurance and ended their coverage as of May 31, 2017.

Your case is being returned to NYSOH to reinstate your spouse's coverage as of June 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the monthly premiums to the QHP directly for coverage to resume as of June 1, 2017 to date.

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)).

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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):

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- 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 May 8, 2017 eligibility determination notice is RESCINDED.

The May 8, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to reinstate your spouse's coverage as of June 1, 2017, and to notify you accordingly.

NYSOH failed to give proper notice that additional proof of your spouse's citizenship status was needed and, therefore, it improperly determined that your

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spouse was ineligible for health insurance and ended their coverage as of May 31, 2017.

Your case is being returned to NYSOH to reinstate your spouse's coverage as of June 1, 2017. NYSOH will notify you once this has been done.

You will be responsible to pay the monthly premiums to the QHP directly for coverage to resume as of June 1, 2017 to date.

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)

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।

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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. ye&etumi 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.

אידיש (Yiddish)

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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