



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

## Notice of Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000031489

[REDACTED]

[REDACTED]

On April 17, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 4, 2018 eligibility determination notice and disenrollment 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 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).

This page intentionally left blank.

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

## Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000031489

[REDACTED]

## Issue

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

Did NYSOH properly determine that your coverage in your full cost qualified health plan ended effective March 31, 2018 due to you not timely providing documentation of your citizenship?

## Procedural History

On December 11, 2017 you updated your NYSOH application.

On December 12, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible, for a limited time, for a full cost qualified health plan, effective January 1, 2018. The notice stated “We could not confirm your immigration status because what you told us does not match what we found in federal data sources. Please check the information you put in your application and make any changes, if needed. If the information you provided is correct, contact NYSOH at 1-855-355-5777 to learn how to fix your information with the Department of Homeland Security.”

Also on December 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in full cost qualified health plan, effective January 1, 2018.

On March 3, 2018, NYSOH redetermined your eligibility.

On March 4, 2018, NYSOH issued an eligibility redetermination notice stating that you were no longer eligible for health insurance through NYSOH because you did not provide information regarding your citizenship discrepancy to confirm your eligibility. The notice stated that the time to send this information had passed. The notice also stated that effective April 1, 2018 you were no longer eligible for health insurance through NYSOH.

Also on March 4, 2018, NYSOH issued a disenrollment notice stating that your full cost qualified health plan coverage was ending effective March 31, 2018 because you were no longer eligible to enroll in health insurance through NYSOH.

On April 6, 2018, you updated your NYSOH account.

On April 7, 2018, NYSOH issued an eligibility redetermination notice stating that if you qualified for a special enrollment period that you were eligible for a full cost qualified health plan, on a limited basis, effective May 1, 2018. The notice stated “We could not confirm your immigration status because what you told us does not match what we found in federal data sources. Please check the information you put in your application and make any changes, if needed. If the information you provided is correct, contact NYSOH at 1-855-355-5777 to learn how to fix your information with the Department of Homeland Security”.

On April 9, 2018, you uploaded a copy of your U.S. Passport and Social security card. Your citizenship documents were verified that day.

Also on April 9, 2018, you spoke with NYSOH’s Account Review and requested an appeal relative to the loss of your coverage effective March 31, 2018.

On April 10, 2018, NYSOH issued a notice stating that you do not qualify to select a health plan outside of the open enrollment. The notice stated that if you qualified for a special enrollment period that you were eligible for a full cost qualified health plan, effective May 1, 2018.

On April 17, 2018, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. During the hearing Korean Interpreter [REDACTED] interpreted. 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 you are appealing your loss of coverage, effective March 31, 2018.

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).

- 2) According to your NYSOH account, you were eligible, by notice dated December 12, 2017, for a limited time, for a full cost qualified health plan, effective January 1, 2018. The notice stated that, "We could not confirm your immigration status because what you told us does not match what we found in federal data sources. Please check the information you put in your application and make any changes, if needed. If the information you provided is correct, contact NYSOH at 1-855-355-5777 to learn how to fix your information with the Department of Homeland Security."
- 3) The December 12, 2017 notice did not direct you to provide NYSOH with documentation of your citizenship, nor did it give you a deadline by which you needed to submit such documentation.
- 4) You testified that at no time after receiving the December 12, 2017 notice, did you believe you had to provide citizenship documentation to NYSOH. You testified that you would have gladly provided your U.S. Passport and Social Security card to NYSOH.
- 5) NYSOH redetermined your eligibility on March 3, 2018.
- 6) On March 4, 2018, NYSOH issued notices which determined that you had not provided documentation of your citizenship and that the time had passed to provide said documentation. Your qualified health plan coverage ended effective March 31, 2018.
- 7) You testified that you called NYSOH in early April 2018 and asked why you had been disenrolled and was advised that you had not provided proof of your citizenship.
- 8) On April 9, 2018, you uploaded a copy of your U.S. Passport and Social security card. Your citizenship documents were verified that day.
- 9) Also on April 9, 2018, you unsuccessfully attempted to enroll in a qualified health plan.
- 10) On April 10, 2018, NYSOH issued a notice stating that you do not qualify to select a health plan outside of the open enrollment.
- 11) You testified that you would like to have your qualified health plan reinstated for April 1, 2018 so that you can continue your [REDACTED].

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

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).

## **Applicable Law and Regulations**

### Citizenship and Immigration Status - Generally

To enroll in health insurance 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)).

### Citizenship and Immigration Status – Verification Process

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 (45 CFR § 155.315(c)(3), (f)(2)(i)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your coverage in your full cost qualified health plan ended effective March 31, 2018 due to you not timely providing documentation of your citizenship.

To enroll in health insurance 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.

According to your NYSOH account, you were determined eligible for a limited time, by notice dated December 12, 2017, for a full cost qualified health plan, effective January 1, 2018. The notice stated that, “We could not confirm your immigration status because what you told us does not match what we found in federal data sources. Please check the information you put in your application and make any changes, if needed. If the information you provided is correct, contact NYSOH at 1-855-355-5777 to learn how to fix your information with the Department of Homeland Security.”

NYSOH redetermined your eligibility on March 3, 2018 and on March 4, 2018, NYSOH issued notices which determined that you had not provided documentation of your citizenship and that the time had passed to provide said

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).

documentation. Your qualified health plan coverage ended effective March 31, 2018.

You testified that you called NYSOH in early April 2018 and asked why you had been disenrolled and was advised that you had not provided proof of your citizenship. On April 9, 2018, you uploaded a copy of your U.S. Passport and Social Security card. Your citizenship documents were verified that day.

You testified that at no time after receiving the December 12, 2017 notice, did you believe you had to provide citizenship documentation to NYSOH. You testified that you would have gladly provided your U.S. Passport and Social Security card to NYSOH at that time.

The record reflects that the December 12, 2017 notice did not notify you that you would lose your health coverage if you did not provide proof of your citizenship status. The December 12, 2017 notice also did not provide a due date to provide your citizenship documentation. Finally, the notice did not direct you to provide proof of citizenship or any documentation to NYSOH, nor did it describe what documentation would be acceptable. Therefore, you were not properly notified that you had to provide proof of your citizenship by a certain date and you should have not been disenrolled from your qualified health plan. effective March 31, 2018.

As such, the March 4, 2018 eligibility determination and disenrollment notices stating that your coverage in your qualified health plan ended March 31, 2018 for failure to provide documentation of your citizenship are RESCINDED.

Your case is being RETURNED to NYSOH to reinstate you into your qualified health plan, effective April 1, 2018.

## **Decision**

The March 4, 2018 eligibility determination notice and disenrollment notice are RESCINDED.

Your case is being RETURNED to NYSOH to reinstate you into your qualified health plan, effective April 1, 2018.

**Effective Date of this Decision:** April 17, 2018

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

Your case is being RETURNED to NYSOH to reinstate you into your qualified health plan, effective April 1, 2018.

NYSOH incorrectly determined that your coverage in your qualified health plan ended effective, March 31, 2018.

## **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 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).



## **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 March 4, 2018 eligibility determination notice and disenrollment notice are **RESCINDED**.

Your case is being **RETURNED** to NYSOH to reinstate you into your qualified health plan, effective April 1, 2018.

NYSOH incorrectly determined that your coverage in your qualified health plan ended effective, March 31, 2018.

## **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।

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).

## **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 okyer& 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.

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).