



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

Notice of Decision

Decision Date: April 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APB29556860

[REDACTED]

[REDACTED]

On April 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's March 6, 2018 eligibility determination 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).

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Decision Date: April 06, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: APB29556860

[REDACTED]

Issue

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

Did NYSOH properly determine that you and your spouse were eligible for Medicaid coverage only for emergency medical care and services, effective February 1, 2018?

Procedural History

On November 27, 2017, you updated your NYSOH application and uploaded documentation of you and your spouse's immigration status.

On November 28, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible, for a limited time, for the Essential Plan, effective December 1, 2017. The notice directed you to provide proof of you and your spouse's immigration status by February 25, 2018.

Also on November 28, 2017, NYSOH issued a notice of enrollment confirmation stating that you and your spouse were enrolled in an Essential Plan, effective December 1, 2017.

On December 8, 2017, your proof of immigration was deemed invalid.

On December 9, 2017, NYSOH issued a notice stating that the documentation you provided did not confirm the information in your application. The notice directed you to provide proof of you and your spouse's immigration status by February 25, 2018.

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On February 20, 2018, NYSOH redetermined you and your spouse's eligibility.

Also on February 20, 2018, you uploaded immigration documentation

On February 21, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid coverage for emergency medical care and services only, because you and your spouse's immigration status could not be verified. The eligibility was effective February 1, 2018.

Also on February 21, 2018, NYSOH issued a disenrollment notice stating that you and your spouse's Essential Plan coverage was ending effective February 28, 2018.

On February 28, 2018, NYSOH deemed your immigration documentation valid but expired.

On March 5, 2018, you updated your NYSOH account.

On March 6, 2018, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid coverage for emergency medical care and services only because you and your spouse's immigration status could not be verified. The eligibility was effective March 1, 2018.

On March 16, 2018, you spoke with NYSOH's Account Review and requested an appeal relative to you and your spouse's eligibility determinations.

On April 6, 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 you and your spouse's eligibility determination.
- 2) According to your NYSOH account, you and your spouse were eligible, for a limited time, for the Essential Plan, effective December 1, 2017. You were directed to provide proof of you and your spouse's immigration status by February 25, 2018.
- 3) On November 27, 2017, you and your spouse uploaded copies of your Republic of Korea Passports.

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- 4) On December 8, 2017, your proof of immigration was deemed invalid.
- 5) On February 20, 2018, you submitted a record of you and your spouse's most recent I-94 from U.S. Customs and Border Protection. The record states the following relevant information for your spouse:
 - (a) I-94 Record [REDACTED];
 - (b) Most Recent Date of Entry: [REDACTED];
 - (c) Class of Admission: B2;
 - (d) Admit Until Date: [REDACTED].
- 6) The record states the following relevant information for you:
 - (e) I-94 Record [REDACTED]
 - (f) Most Recent Date of Entry: [REDACTED];
 - (g) Class of Admission: B2;
 - (h) Admit Until Date: [REDACTED].
- 7) On February 28, 2018, NYSOH deemed you and your spouse's I-94 Arrival/Departure records valid but "expired".
- 8) You testified that your spouse entered the United States on [REDACTED], with a visa status of B2.
- 9) You testified that you entered the United States on [REDACTED], with a visa status of B2.
- 10) The status of B1/B2, according to the United States Customs and Immigration Services (USCIS) and Social Security Administration (SSA), refers to a status classified as a Visitor for Business or Pleasure.
- 11) According to USCIS, the maximum period of a continuous stay under a R-B1/B2 visa is for six months at one time, without a request for an extension.
- 12) The record reflects that your visa allowed you to remain in the U.S. until [REDACTED] and your spouse's visa allowed your spouse to remain in the U.S. until [REDACTED].
- 13) You testified that you and your spouse have not applied for an extension of your visas.
- 14) You testified that you and your spouse do not have an Employment Authorization Card, a Permanent Resident Card or a Social Security number.

- 15) You testified that you and your spouse do not have any pending immigration applications and have no additional immigration documentation to submit to NYSOH to prove you and your spouse's immigration status.
- 16) You testified that you would like to have your Essential Plans reinstated so that your spouse can schedule [REDACTED].

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 - 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)).

Medicaid – Citizenship and Immigration Status

Medicaid must be provided to otherwise eligible residents of the United States who are citizens, nationals, or qualified non-citizens who have provided satisfactory documentary evidence of their qualified non-citizen status (42 CFR § 435.406)).

In some cases, Medicaid will pay for emergency medical treatment for an individual who does not have evidence of citizenship or immigration status, even if the individual is not eligible for full Medicaid coverage (NY Social Services Law § 122(1)(e); 18 NYCRR § 360-3.2(j)(3)(ii)(a); 42 CFR § 435.350)).

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Temporary non-immigrants are individuals who can enter the United States temporarily for a specific purpose and for a specific period of time. In general, temporary non-immigrants have been eligible only for coverage of medical care and services necessary to treat an emergency medical condition. State Medicaid programs may cover temporary non-immigrant and certain other groups of pregnant women and children who are "lawfully residing" in the United States. The Centers for Medicare & Medicaid Services (CMS) has interpreted the term "lawfully residing" to mean individuals who are "lawfully present" in the United States and who are state residents (GIS 16 MA/02 "Changes in Medicaid Coverage for Temporary Non-Immigrants"; State Health Official Letter #10-006, issued July 1, 2010, "Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women").

Lawfully Present

The federal regulations state that the following non-citizens are lawfully present:

- (1) A qualified alien as defined in section 431 of the Personal Responsibility and Work Opportunity Act (PRWORA) (8 U.S.C. 1641);
- (2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;
- (3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. 1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;
- (4) An alien who belongs to one of the following classes:
 - (i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. 1160 or 1255a, respectively);
 - (ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. 1254a), and pending applicants for TPS who have been granted employment authorization;
 - (iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);
 - (iv) Family Unity beneficiaries pursuant to section 301 of Public Law 101-649 as amended;
 - (v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;

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(vi) Aliens currently in deferred action status;

(vii) Aliens whose visa petitions have been approved and who have a pending application for adjustment of status;

(5) A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;

(6) An alien who has been granted withholding of removal under the Convention Against Torture; or

(7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. 1101(a)(27)(J));

(8) *Exception.* An individual with deferred action under the Department of Homeland Security's deferred action for childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012, memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (7) of this definition.

(45 CFR § 155.20; 45 CFR § 152.2).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were eligible for Medicaid coverage only for emergency medical care and services, effective February 1, 2018.

To be eligible for full Medicaid through the NYSOH, you and your spouse must also meet the non-financial requirements of Medicaid, which includes having a valid immigration status. To be eligible for full Medicaid participation through the NYSOH, an applicant must have documents to prove their current citizenship or immigration status. In some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage.

Certain groups of non-immigrants who are "lawfully residing" in the United States are eligible for full Medicaid coverage. "Lawfully residing" has been defined to mean individuals who are "lawfully present" in the United States. An alien in a nonimmigrant status who has not violated the terms of the status under which

they were admitted or to which was changed after admission, is a lawfully present non-citizen.

You testified that you entered the United States on [REDACTED], with a visa status of B2. You submitted a record of your most recent I-94 from U.S. Customs and Border Protection. The record states, in relevant parts, that you: (1) entered the U.S. on [REDACTED]; (2) with a class of admission of B2; and (3) had an admit until date of [REDACTED].

You testified that your spouse entered the United States on [REDACTED], with a visa status of B2. You submitted a record of your spouse's most recent I-94 from U.S. Customs and Border Protection. The record states, in relevant parts, that your spouse: (1) entered the U.S. on [REDACTED]; (2) with a class of admission of B2; and (3) had an admit until date of [REDACTED].

The record reflects that you and your spouse have resided in the U.S. well beyond the 6-month stay allowed by your visas. In addition, you testified that you and your spouse have not applied for an extension of your visas and have no documentation to prove your immigration status. Therefore, there is insufficient evidence in the record to determine that you and your spouse are lawfully present in the United States.

As such, the March 6, 2018 eligibility determination notice stating that you and your spouse remained eligible only for Medicaid coverage for the treatment of emergency conditions is AFFIRMED.

Decision

The March 6, 2018 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 06, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that you and your spouse were only eligible for Medicaid coverage for emergency medical care and services.

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.

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

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Summary

The March 6, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly determined that you and your spouse were only eligible for Medicaid coverage for emergency medical care and services.

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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