



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

## Notice of Decision

Decision Date: December 24, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: APM00000000001

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 19, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 16, 2014 eligibility determination.

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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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

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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

### Issue

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

Did the Marketplace properly determine that as of November 15, 2014, you were not eligible to enroll in a qualified health plan at full cost or to receive financial assistance through the Marketplace?

### Procedural History

The Marketplace received your initial non-financial application for health insurance on November 13, 2013. A preliminary eligibility determination rendered that day stated that you were eligible to enroll in a qualified health plan (QHP) through the Marketplace.

On November 15, 2014, your eligibility through the Marketplace was redetermined.

On November 16, 2014, an eligibility determination notice was issued. The notice stated that you were not eligible for Medicaid, Child Health Plus, or tax credits or cost sharing reductions to help pay for the cost of insurance. You were also not eligible to enroll in a QHP at full cost through the Marketplace. The notice further stated that you did not provide information on your citizenship status, which the Marketplace must obtain in order to confirm your eligibility.

On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in UnitedHealthcare Silver HMO would

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end effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

On November 19, 2014, you sent a written appeal request to the Marketplace to appeal the November 16, 2014 eligibility determination. Included in your appeal request was a copy of your Certificate of Naturalization. The letter and certificate were uploaded to your Marketplace account on December 1, 2014.

On December 19, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was left open for 15 days to allow you the opportunity to provide a copy of your United States passport. You faxed a copy of your passport to the Appeals Unit that same day. Since the requested evidence was received, the record is now closed.

## **Findings of Fact**

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

- 1) You are not currently seeking financial assistance through the Marketplace.
- 2) You were enrolled in UnitedHealthcare Silver HMO up until November 30, 2014 when you were disenrolled for failing to provide citizenship documentation. You testified that you paid your premiums in full every month.
- 3) You testified that you are a naturalized citizen.
- 4) You testified that you became a naturalized citizen on February 14, 1989.
- 5) You mailed a signed copy of your Certificate of Naturalization ( [REDACTED] ) to the Marketplace on November 19, 2014. The record shows that it was uploaded to your account on December 1, 2014.
- 6) You faxed a copy of your United States passport to the Appeals Unit.

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

## **Applicable Law and Regulations**

To enroll in a qualified health plan through the Marketplace, an applicant must be a citizen or national of the United States or a noncitizen who is lawfully present in

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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)).

The Marketplace 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)).

## **Legal Analysis**

Federal regulations require that a person seeking enrollment in a qualified health plan through the Marketplace have United States citizenship or satisfactory or immigration status. These regulations requires the Marketplace to obtain or verify a person's immigration status in order to allow that person enrollment in a qualified health plan.

When the November 16, 2014 notice of eligibility determination was issued, evidence of your citizenship or immigration status was not available in your Marketplace file. Therefore, we must AFFIRM the November 16, 2014 notice.

However, on November 19, 2014, you mailed a copy of your Certificate of Naturalization to the Marketplace. Also, on December 19, 2014 you faxed a copy of your United States passport to the Appeals Unit. Since documentation of your status is now available in the record, your case is returned to the Marketplace to verify the submitted documentation and redetermine your eligibility.

## **Decision**

The November 16, 2014 eligibility determination is AFFIRMED.

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

**Effective Date of this Decision:** December 24, 2014

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

This decision does not change your eligibility.

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).

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

### **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

### **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 November 16, 2014 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Your case is being returned to the Marketplace to verify the citizenship/immigration documents you have provided and to redetermine your eligibility if it has not already done so.

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## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]