



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

## Notice of Decision

Decision Date: August 8, 2014

[REDACTED]  
Appeal Identification Number: AP000000000427

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On April 3, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 11, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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Appeal Identification Number: AP000000000427

[REDACTED]  
[REDACTED]  
[REDACTED]

### Issue

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

Did the Marketplace properly find that, as of February 11, 2014, additional income information was needed before an eligibility determination could be made?

### Procedural History

The Marketplace received your application for health insurance on January 23, 2014.

On February 11, 2014, the Marketplace issued a notice in your case. It said that you may be eligible for health insurance through the Marketplace, but more information on income was needed to make a determination.

On February 20, 2014, you spoke to the Marketplace's Customer Service Unit and appealed that determination.

On February 28, 2014, the Marketplace's Customer Service computed an eligibility determination based on updated income verification documents provided, and you stated to the customer service representative that you were satisfied with the result. You were advised to submit a written withdrawal.

The written withdrawal was not available in the record on April 3, 2014.

On March 1, 2014, the Marketplace issued a notice containing the eligibility determination that it had computed on February 28, 2014. The notice states that

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you are eligible for Medicaid and that your Medicaid coverage began on February 1, 2014. It also states that you chose UnitedHealthCare of New York as your provider and that your enrollment with them began on April 1, 2014.

On April 3, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you confirmed that you were satisfied with the February 28, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony.

## **Findings of Fact**

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

- 1) The February 11, 2014 notice directed you to provide additional income information so that your eligibility could be determined.
- 2) The record contains additional income documentation that was uploaded to the Marketplace computer on February 28, 2014.
- 3) Your eligibility was determined on February 28, 2014; and the details of that redetermination are on the March 1, 2014 notice.
- 4) You are satisfied with the Marketplace's February 28, 2014 eligibility determination.

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

## **Applicable Law and Regulations**

The Appeals Unit must dismiss an appeal if the appellant withdraws the appeal request in writing. (45 CFR § 155.530(a)(1)).

## **Legal Analysis**

To withdraw an appeal, the Appeals Unit must receive a withdrawal in writing by the appellant. (45 CFR § 155.530(a)(1)). If a written withdrawal is not received prior to the scheduled hearing, then the hearing must be held.

The February 11, 2014 notice asked you to provide additional information about income for your Marketplace application. The Marketplace received that additional information on February 28, 2014, and determined your eligibility. You told Customer Service that you were satisfied with the determination.

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According to your testimony at the hearing, you were satisfied with the Marketplace's February 28, 2014 eligibility determination and confirmed that you wanted to withdraw your appeal of the February 11, 2014 notice.

Therefore, the February 11, 2014 notice is AFFIRMED.

## **Decision**

The February 11, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** August 8, 2014.

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

You provided the information as requested in the February 11, 2014 notice, and that information was used on February 28, 2014 to determine your eligibility.

The March 1, 2014 notice of redetermination made on February 28, 2014, remains in effect.

You are eligible for Medicaid and your Medicaid coverage began on February 1, 2014. You chose UnitedHealthCare of New York as your provider and your enrollment with them began on April 1, 2014.

## **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:

- Submit 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 this Decision (45 CFR § 155.520(c)).

AND/OR

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).

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

### **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 February 11, 2014 notice is affirmed. You provided the information as requested in that notice, and your information was used on February 28, 2014 to determine your eligibility.

The March 1, 2014 notice of redetermination made on February 28, 2014, remains in effect.

According to the March 1, 2014 notice, you are eligible for Medicaid and your Medicaid coverage began on February 1, 2014. You chose UnitedHealthCare of New York as your provider and your enrollment with them began on April 1, 2014.

### **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]