



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: July 28, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000593

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on April 3, 2014.

On April 4, 2014, the Marketplace issued an eligibility determination in your case. It said that you are eligible to enroll in Medicaid. The notice also stated that you must choose and enroll in a health plan.

On April 21, 2014, you called the Marketplace's Customer Service unit and appealed that determination.

On April 22, 2014, you spoke with a Marketplace Customer Service representative about your appeal. You explained to the representative that the Marketplace system was not allowing you to select and enroll in a Medicaid managed care plan.

The Customer Service representative advised you that you were incorrectly listed as having third party health insurance and that this error was preventing you from enrolling in a managed care plan. That problem was resolved, and on May 20, 2014 you enrolled in Healthfirst, a managed care plan. Your coverage start date in that plan is July 1, 2014.

On June 3, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed and it was closed at the end of the hearing.

During the hearing, you testified that you called the Marketplace on June 2, 2014, the day before the scheduled hearing, to ask how to withdraw your Appeal. You stated that a Marketplace Customer Service representative told you that you should not withdraw your Appeal because the Appeals Unit could change the start date of your enrollment in Healthfirst to June 1, 2014.

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Since the enrollment problem has been resolved, the only remaining issue is the start date of your coverage through Healthfirst. Although Healthfirst coverage begins July 1, 2014, you do have Medicaid coverage during the entire month of June, as indicated in the Marketplace notices in your case. Since the specific start date of your Healthfirst, as opposed to Medicaid, coverage is not an issue that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request.

Although we are dismissing your appeal request, you still have full Medicaid for the month of June 2014 and coverage through Healthfirst beginning on July 1, 2014.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 4, 2014 eligibility determination that you are eligible for Medicaid continues in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

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 ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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