



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

NOTICE OF DISMISSAL

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000623

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]:

The Marketplace received your initial application for health insurance on January 24, 2014.

On January 24, 2014, and again on January 27, 2014, the Marketplace issued preliminary eligibility determinations in your case that said "in order for your eligibility to be determined, you must submit documents ... to confirm that the information you provided in your application is accurate."

On January 27, 2014, you uploaded several documents, which included (1) a letter from your former employer, dated October 28, 2013, verifying that you were no longer employed by [REDACTED], and (2) an Unemployment Insurance Monetary Benefit Determination letter, dated December 9, 2013, verifying your weekly benefit rate of \$182.00 beginning on November 4, 2013.

On April 29, 2014, the Marketplace issued a notice of eligibility redetermination in your case, finding you eligible for Medicaid, with coverage to begin April 1, 2014. However, that determination also said that you would need to choose a Medicaid Managed Care plan (MMC) or one would be chosen for you.

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).

On or about May 5, 2014, you contacted the Marketplace's Customer Service Unit regarding your inability to select an MMC, and requested an appeal in order to do so.

On June 18, 2014, a Hearing Officer contacted you regarding your hearing. You stated that you believed you were entitled to select an MMC since your 2014 income had decreased as a result of your having exhausted your unemployment benefits.

However, it is noted that since the time of your hearing, a July 29, 2014 notice has been sent to you, confirming that you have been enrolled in an MMC. Although the notice indicated that the coverage start date would be September 1, 2014, it is also noted that according to your Marketplace account, coverage began on August 1, 2014.

Since all issues raised on appeal have been resolved by the Marketplace, your appeal is now moot and is dismissed.

How does this Dismissal Affect Your Eligibility

The Marketplace's April 29, 2014 eligibility determination continues in effect. However, subsequent determinations have been issued and you are currently enrolled in a Medicaid Managed Care plan.

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 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 reference 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.

A Copy of this Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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