



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

## NOTICE OF DISMISSAL

Notice Date: August 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000629

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

The Marketplace received your application for health insurance on December 11, 2013.

On February 20, 2014, the Marketplace issued an eligibility determination that you qualified for Medicaid and that your insurance coverage would be effective January 1, 2014. The notice advised you that "if you are eligible for Medicaid and do not choose a health plan, one will be chosen for you." No deadline was provided for you to make this selection.

On or about March 11, 2014, you were auto-enrolled in the UnitedHealthcare of New York, Inc. Medicaid Managed Care plan (MMC), with such coverage to begin on April 1, 2014. You contacted the Marketplace Customer Service Unit regarding your auto-enrollment since your provider did not accept this MMC, causing you to incur approximately \$5,599.50 in charges during April 2014. You cancelled that enrollment and enrolled in a HIP EmblemHealth plan that was accepted by your provider, with coverage to begin on May 1, 2014.

On or about May 5, 2014, you contacted the Marketplace's Customer Service Unit regarding your objection to auto-enrollment in the UnitedHealthcare of New York, Inc. MMC, and for the reimbursement of charges incurred during April 2014, and requested an appeal.

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 June 11, 2014, a Hearing Officer contacted you regarding your hearing. This hearing was adjourned to June 18, 2014 and then to July 2, 2014. On each occasion, your sister-in-law, [REDACTED] appeared on your behalf as an Authorized Representative. [REDACTED] stated that you were contesting your auto-enrollment in UnitedHealthcare of New York and were seeking reimbursement for payments you made to your medical provider during April.

An applicant has the right to appeal (1) an eligibility determination, (2) an eligibility determination for an exemption, (3) a failure by the Exchange to provide timely notice of an eligibility determination, and (4) a denial of a request to vacate dismissal made by a State Exchange appeals entity (45 CFR § 155.505).

In this case, the February 20, 2014 eligibility determination stated that you were eligible for Medicaid and told you that “if you are eligible for Medicaid and do not choose a health plan, one will be chosen for you.” During the hearing your Authorized Representative stated that you did not disagree with this determination that you are eligible for Medicaid. Your Authorized Representative explained that you were dissatisfied with your auto-enrollment and wanted reimbursement for medical bills you had.

Auto-enrollment in a Medicaid MMC and reimbursement are not issues that can be addressed by Appeals Unit of the NY State of Health. We have no authority to decide the issues you have raised and must dismiss your appeal.

## **How does this Dismissal Affect Your Eligibility**

The Marketplace’s February 20, 2014 eligibility determination 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 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.

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).

## **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]

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).