



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

Notice of Decision

Decision Date: September 23, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000712

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On July 16, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's failure to provide timely notice of your 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).

This page intentionally left blank.



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

Decision

Decision Date: September 23, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000712

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace give you timely notice of your eligibility determination?

Procedural History

On February 12, 2014, the Marketplace received your application for health insurance.

On February 13, 2014, the Marketplace issued a notice to say that it needed more information about your income to make a determination. The notice gave you until March 2, 2014 to provide that information.

On April 4, 2014, [REDACTED], submitted a written request for “an appeal of the delay in issuing a Medicaid determination” in your case.

The Marketplace determined your eligibility and, on April 22, 2014, issued a notice saying that you were eligible for Medicaid.

On July 16, 2014, a Hearing Officer from the Marketplace’s Appeals Unit tried to call [REDACTED] at around 10:34 a.m. but could not reach her. The Hearing Officer then called you at around 10:45 a.m. and spoke to you but was unable to confirm that you were still represented by an attorney.

You then had a telephone hearing with the Hearing Officer from the Marketplace's Appeals Unit. The record was developed and it was closed at the end of the hearing.

Findings of Fact

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

- 1) You have Medicaid coverage, which began on April 1, 2014.
- 2) You are enrolled with MVP Health Plan, Inc. and your coverage with MVP began on May 1, 2014.
- 3) On July 16, 2014, at around 10:34 a.m., a Hearing Officer with the Marketplace's Appeals Unit tried to call [REDACTED] but could not reach her.
- 4) The Hearing Officer then called you to ask if you were still represented by an attorney. You did not confirm that you were represented.
- 5) There is no attorney retainer form in your Marketplace file.
- 6) During the July 14, 2014 hearing, you testified that you are satisfied with your current Marketplace eligibility determination and no longer want to appeal.

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

Legal Analysis

After you made your application for health insurance but before the Marketplace made a decision, [REDACTED] asked for a hearing for you.

After [REDACTED] asked for the hearing, the Marketplace reviewed your application and decided that you were entitled to get Medicaid.

The Hearing Officer called [REDACTED] but could not talk to her. Then the Hearing Officer called you to ask if you still had a lawyer. You said that you were satisfied with the Medicaid decision and no longer wanted the appeal.

Because the best information we now have is that have your April 22, 2014 determination and do not object to it, we will let it stand and close your 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).

If this is not correct, you can contact Marketplace Customer Service and ask for another hearing.

If you do still have a lawyer, you can show this notice to your lawyer and ask her to contact the Marketplace for you.

Decision

The notice issued on February 13, 2014 is AFFIRMED.

The eligibility determination issued on April 14, 2014 is still in effect.

Effective Date of this Decision: September 23, 2014

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You still have the Medicaid coverage that began on April 1, 2014.

You still get that coverage through the MVP Health Plan insurance that began on May 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:

- 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 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 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

Summary

The notice issued on February 13, 2014 is AFFIRMED.

The eligibility determination issued on April 14, 2014 is still in effect.

Your eligibility has not changed.

You still have the Medicaid coverage that began on April 1, 2014.

You still get that coverage through the MVP Health Plan insurance that began on May 1, 2014.

If this is not what you want, you can contact Marketplace Customer Service or ask a lawyer to do that for you.

Legal Authority

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

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]