



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: January 30, 2015

NY State of Health Number: AC0000430367

Appeal Identification Number: [REDACTED]

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Dear Mrs. [REDACTED]

The Marketplace received your initial application for yourself and your spouse, [REDACTED], for health insurance on December 6, 2013.

On May 22, 2014, your application was resubmitted and the Marketplace made a preliminary determination that Mr. [REDACTED] was not eligible for financial assistance but that you were eligible for coverage under Medicaid.

On May 23, 2014, the Marketplace issued a notice of eligibility redetermination on the May 22, 2014 application. The notice stated that you were no longer eligible for Medicaid but that your Medicaid coverage would continue until December 31, 2014.

On June 10, 2014, the Marketplace issued an eligibility redetermination in your case based on updated information received by the Marketplace. This notice also stated that you were no longer eligible for Medicaid but that your Medicaid coverage would continue until December 31, 2014.

On or around July 24, 2014, you contacted the Marketplace’s Customer Service Unit regarding your inability to use your Medicaid coverage.

On July 25, 2014, the Marketplace received your written appeal request.

On October 23, 2014, a Hearing Officer contacted your Authorized Representative, [REDACTED], regarding your hearing. At that time, she testified that your spouse, [REDACTED] had passed away. She further testified

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that you and Mr. [REDACTED] had experienced issues when using your Medicaid coverage. She testified that you had received your Medicaid cards and provided evidence that you then terminated your previous coverage through [REDACTED]. She testified, however, that the insurance cards you received never worked and you began incurring medical bills in April 2014.

Your Authorized Representative, [REDACTED], testified that she visited your Local Department of Social Services on your behalf to submit a complaint regarding your inability to use your Medicaid insurance cards. She further testified that while in your Local Department of Social Services, you were listed as eligible for Medicaid but your account was inactive. She also testified that she was unsure whether you had effective coverage as of the date of the hearing.

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).

Your appeal was requested to dispute whether your Medicaid coverage was effective, not your eligibility determination. Since the issue raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request.

However, Marketplace Customer Service may be able to help you with the problems you have encountered. If you have not already been assisted with your current coverage difficulties for 2014 and/or need assistance with an application for 2015 coverage, please contact Customer Service using any of the information in "How to Contact the Marketplace," below.

How does this Dismissal Affect Your Eligibility

This decision does not change your eligibility. The Marketplace's June 9, 2014 eligibility redetermination remains 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.

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 Decision Has Been Provided To:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]