



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

Notice of Dismissal

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002730



Dear [REDACTED] [REDACTED]

On June 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 17, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of 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 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 Code of Federal Regulation (CFR) 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

Dismissal

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002730



Issue

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

Was the February 17, 2015 eligibility determination subject to appeal as of April 27, 2015?

Procedural History

On March 22, 2014, the Marketplace issued an eligibility determination notice based on your March 21, 2014 application. The notice stated that you were eligible for Medicaid since your household income of \$0.00 was below the allowable income limit for this insurance program. The notice further stated that your insurance coverage through Medicaid would begin March 1, 2014 and enrollment with your Medicaid Managed Care (MMC) plan would begin May 1, 2014.

On January 9, 2015, the Marketplace issued a notice that it was time for you to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by February 15, 2015 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by February 15, 2015.

On February 17, 2015, the Marketplace issued an eligibility redetermination notice, stating that you were not eligible for Medicaid, Child Health Plus, tax credits or cost-sharing reductions. It further stated that you were no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because you had not responded to the renewal notice and had not completed your renewal within the required timeframe.

On February 20, 2015, the Marketplace issued a disenrollment notice stating that your MMC plan coverage would end effective February 28, 2015.

On April 27, 2015, the Marketplace received your written request for an appeal of this determination, which was dated March 21, 2015.

On June 24, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you were granted a visa to study in Australia where you will be staying for approximately 18 months.
- 2) You testified, and your application reflects, that you elected to receive all notifications from the Marketplace by regular Mail.
- 3) Your application reflects that you provided a both a residence and mailing address of "[REDACTED]", and did not update your application to reflect your current address in Australia.
- 4) You testified that your uncle and mother had been receiving your written notices, but by the time they were delivered to you in Australia, the February 15, 2015 deadline by which you needed to update your account had already passed.
- 5) The Marketplace issued an eligibility determination notice on February 17, 2015 stating that you were no longer eligible for Medicaid since you did not respond to the renewal notice and did not complete your renewal within the required timeframe.
- 6) The Marketplace received your written appeal on April 27, 2015.

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

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).

Applicable Law and Regulations

Appeal Timeliness

The Marketplace “appeals entity must allow an applicant or enrollee to request an appeal within (1) 90 days of the date of the notice of eligibility determination; or (2) a timeframe consistent with the state Medicaid agency’s requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination” (45 CFR § 155.520(b)). In New York State, the Medicaid agency permits submission of fair hearing requests within 60 days of the date of the notice of eligibility determination (N.Y. Soc. Serv. Law § 22(4)(a)), and this timeframe has been adopted by the Marketplace for appeals of Marketplace determinations.

Legal Analysis

On May 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 17, 2015 eligibility determination.

Eligibility determinations may be appealed within 60 days of issue. Your initial eligibility determination was issued on February 17, 2015. Since the February 17, 2015 notice was issued more than 60 days before April 27, 2015, the appeal is untimely and is dismissed.

The February 17, 2015 eligibility determination continues in effect.

Decision

The April 27, 2015 appeal of the February 17, 2015 eligibility determination notice is untimely and is therefore dismissed.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

Your eligibility is unchanged.

You are no longer eligible for Medicaid effective February 28, 2015.

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.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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.

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 May 4, 2015 appeal of the February 17, 2015 eligibility determination notice is untimely and dismissed.

Your eligibility is unchanged.

You are no longer eligible for Medicaid effective February 28, 2015.

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).

Legal Authority

We are sending you this notice in accordance with 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]