



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003564

[REDACTED]

Dear [REDACTED],

On June 3, 2015, the Marketplace issued a notice of eligibility determination, stating that you were not qualified to enroll in a health insurance plan through New York State of Health because you were already enrolled in Medicare.

On June 17, 2015, the Marketplace received your written request to appeal your "Medicare Part B plan."

On August 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing. A review of the record supports the following findings of fact:

- 1) You are currently receiving Medicare Part A benefits.
- 2) You are currently receiving Medicaid coverage through your local department of social services.
- 3) You testified that you enrolled in Medicare Part B coverage earlier in the year but cancelled that coverage after you received a notice from the Social Security Administration showing the cost of your monthly premium.
- 4) You testified that you attempted to reinstate your Medicare Part B coverage through your local Social Security office, but were informed that you must wait until the next open enrollment period to re-enroll in this coverage.

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).

- 5) You testified that you requested an appeal to reinstate your Medicare Part B coverage.
- 6) You testified that you require Medicare Part B coverage due to your psychological impairments.

An applicant has the right to appeal, through the Marketplace: (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).

Since the issue of Medicare Part B coverage reinstatement 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, your case will be returned to the Marketplace for a referral to the appropriate entity authorized to address this issue.

How does this Dismissal Affect Your Eligibility

This decision does not affect your eligibility for health insurance through NY State of Health.

It returns your case to the Marketplace for a referral to the appropriate entity authorized to address this issue.

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.

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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 Code of Federal Regulation 45 CFR § 155.530.

A Copy of this Decision Has Been Provided To:

