



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

NOTICE OF DISMISSAL – INVALID APPEAL

Notice Date: May 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006245

[REDACTED]

Dear [REDACTED],

On December 22, 2015, New York State of Health (NYSOH) issued an enrollment notice confirming that you and your spouse were enrolled in an Empire HMO 0 X Platinum ST INN Pediatric Dental Dep 25 with a plan enrollment date of January 1, 2016.

On January 7, 2016, New York State of Health (NYSOH) issued an eligibility determination notice that you and your spouse were determined eligible to receive up to \$593.00 of advance premium tax credits per month and cost-sharing reductions, effective as of February 1, 2016.

On January 7, 2016, NYSOH issued an enrollment notice confirming that as of January 6, 2016, you and your spouse enrolled in Empire HMO 250 X Platinum NS INN Pediatric Dental Dep 25 (Empire Blue Cross Blue Shield) with a plan enrollment start date of February 1, 2016.

Also on January 7, 2016, NYSOH issued a disenrollment notice confirming that on January 6, 2016, a request was received to end you and your spouse's Empire Blue Cross Blue Shield, and your coverage would end effective January 31, 2016.

On January 16, 2016, NYSOH issued a notice confirming that on January 15, 2016, you requested a telephone hearing. The "Appeal Summary" in the evidence packet that was created in anticipation for your hearing clarifies the issue on appeal: "The appellant is appealing to have their APTC/CSR applied to the month of January 2016."

On February 19, 2016, NYSOH issued an eligibility determination notice that you and your spouse are eligible for Medicaid, effective as of February 1, 2016.

On March 8, 2016, NYSOH issued an enrollment confirmation notice that you and your spouse were enrolled in Medicaid (Fidelis Care) with a plan enrollment start date of April 1, 2016.

On May 4, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue the original basis of your appeal and withdrew that basis on the record through sworn testimony.

However, at the hearing you requested that the NYSOH Appeals Unit review the possible reimbursement of medical expenses incurred on or around February 29, 2016.

The record was left open to allow you to submit the medical bills from your spouse's medical appointment.

On May 12, 2016, you faxed four-pages of documents to the NYSOH Appeals Unit. You submitted:

- (1) A copy of the Notice of Telephone Hearing from NYSOH;
- (2) Two receipts of payments for February 29, 2016 from [REDACTED] in the amounts of \$375.00 and \$175.00;
- (3) A printout of your spouse's "ePACES Eligibility Response Details."

The record is now complete and closed.

Why Your Appeal Request Is Not Valid

On January 16, 2016, NYSOH issued a notice confirming that on January 15, 2016, you requested a telephone hearing. The "Appeal Summary" in the evidence packet that was created in anticipation for your hearing clarifies the issue on appeal: "The appellant is appealing to have their APTC/CSR applied to the month of January 2016."

On May 4, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue the original basis of your appeal and withdrew that basis on the record through sworn testimony.

Therefore, the basis for your appeal that was requested on January 16, 2016, is DISMISSED.

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).

On February 19, 2016, NYSOH issued an eligibility determination notice that you and your spouse are eligible for Medicaid, effective as of February 1, 2016.

You requested that the NYSOH Appeals Unit review the possible reimbursement of medical expenses incurred on or around February 29, 2016.

You testified that your spouse had an appointment with a doctor, who specializes in eye care, on or around February 29, 2016, and the medical office was uncertain what type of insurance/plan your spouse was currently enrolled in. The medical office billed you directly for the services provided on that date.

Since the Appeals Unit is not given the authority to review whether the services provided to your spouse should be covered by Medicaid Fee-For-Service, we cannot reach the merits as to whether or not you should be reimbursed for the medical expenses incurred for services provided to your spouse. Therefore, your requested appeal is DISMISSED as a non-appealable issue.

However, we will RETURN your case to the NYSOH's Plan Management Unit to further investigate whether the medical expenses incurred as a result of your spouse's medical appointment on or around February 29, 2016 should have been covered by your Medicaid Fee-For-Service coverage.

How does this Dismissal Affect Your Eligibility

This decision does not change you or your spouse's current eligibility or enrollment in health coverage through NYSOH.

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 NYSOH'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:

