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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: March 20, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000012370

Dear [redacted]

On January 15, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you remained eligible for Medicaid, effective January 1, 2016.

On January 20, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care plan, effective March 1, 2016.

On September 26, 2016 NYSOH issued a disenrollment notice stating that your coverage through your Medicaid Managed Care plan would end effective October 31, 2016 because you were no longer eligible to remain enrolled in your current health insurance through NYSOH.

Also on September 26, 2016, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a qualified health plan at full cost, effective November 1, 2016. You were not eligible for Medicaid because state data sources show that you have Medicaid coverage through the New York City Human Resources Administration (HRA).

On October 3, 2016 you contacted NYSOH and filed an appeal insofar as you were not eligible to enroll in a Medicaid Managed Care plan. On October 8, 2016 NYSOH contacted you for clarification on your appeal. During that phone call, you stated that you were disputing the fact that you were prevented by HRA from

enrolling into a Medicaid Managed Care plan and HRA was only allowing you fee-for-service coverage as of November 1, 2016.

On February 7, 2017 you were scheduled for a telephone hearing. Prior to the hearing, you contacted NYSOH and requested your hearing be rescheduled for a later date.

On February 13, 2017, March 3, 2017, and March 7, 2017 NYSOH representatives attempted to contact you to provide you information in regards to your appeal, however they were unable to reach you.

Why Your Appeal Request Is Not Valid

An applicant has the right to appeal to NYSOH's Appeals Unit: (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 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

According to the record, your appeal was filed to dispute HRA's determination that you are not eligible to enroll in a Medicaid Managed Care plan. NYSOH Appeals Unit has no authority to issue decision on determinations made by HRA. Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility through NYSOH.

You may request an appeal of HRA's determination through the Office of Temporary and Disability Assistance (ODTA). To request an appeal through OTDA you can call 800-342-3334 to speak with a customer service representative, you can do a written request via fax at 518-473-6735 or you can visit the OTDA website and fill out an electronic form at http://otda.ny.gov/hearings.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. In that writing, you must explain why you think this dismissal should be vacated and if your issue differs from the one discussed above.

If you ask us in writing to vacate this dismissal, 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 NYSOH.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number and the Account ID at the top of this notice.

How to Contact NYSOH

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 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To

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).