



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: July 28, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000591

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

The Marketplace received your application on December 27, 2013, and issued an eligibility determination on your case on December 29, 2013. It said that you were temporary eligible to enroll in a qualified health plan through the NY State of Health and were eligible to receive tax credits.

Regarding coverage, the December 29, 2013 notice stated: “Your health insurance coverage will begin shortly after you have selected a health plan and paid the first premium payment (if applicable).” It further stated: [REDACTED] chose EssentialCare Silver Plan - A Consumer Operated and Oriented Plan (CO-OP) Option. You will get your new insurance ID card and other information about your benefits shortly after paying your first premium payment. You will be receiving your first premium invoice very soon from your health plan.”

On April 21, 2014, you called the Marketplace’s Customer Service Unit to contest your coverage start date, at which time they erroneously opened an appeal request. On April 22, 2014, a complaint was also filed on your behalf by the Customer Service Unit to resolve your coverage issue. The complaint was assigned Tracking Number [REDACTED].

On June 9, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. At that time you designated your spouse, [REDACTED]

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).

██████████, as your Authorized Representative. He also attended the hearing. The record was developed during the hearing and closed at the end of the hearing.

During the hearing, you testified that you experienced a number of technical problems when applying for health insurance through the Marketplace on December 27, 2013, and never received confirmation that your application had been completed. You also testified that you spoke with the Customer Service Unit multiple times between December and February to try and resolve these technical problems, but were unsuccessful. You further testified that in March 2014, you were able to speak with a representative in the Customer Service Unit who assisted you with your application and health insurance enrollment and was able to provide you with your insurance identification number.

At the June 9, 2014 hearing, you testified that you paid your first insurance premium on April 1, 2014 and received your insurance cards on April 13, 2014. However, on approximately April 21, 2014, you received a bill from your health insurance plan requesting payment for premiums owed between February 1, 2014 and March 21, 2014. You contend that you should not be charged for premiums for February 2014 and March 2014 because: (1) you did not pay your first premium until April 1, 2014; (2) you were not aware that you were enrolled in the plan due to technical problems you experienced in the Marketplace; and (3) you did not use any healthcare services during that time.

Why Your Appeal Request Is Not Valid

Individual applicants and enrollees have the right to appeal –

1. An eligibility determination, including; an initial determination or redetermination of eligibility, the amount of advance premium tax credits (APTC) and level of cost-sharing reductions (CSR);
2. Eligibility for tax penalty exemptions;
3. A failure of the Exchange to provide timely notice of an eligibility determination; and
4. A denial of a request to vacate dismissal made by the Marketplace's Appeals Unit

(45 CFR § 155.505(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).

According to the credible evidence in the record, you are objecting to the insurance carrier's decision to charge you premiums for February and March 2014 and contending that your insurance coverage should not begin until April 1, 2014. This is not one of the issues that the Marketplace's Appeals Unit is authorized to address. Therefore, we must dismiss your appeal as invalid.

The December 29, 2013 eligibility determination continues in effect.

How this Dismissal Affects Your Eligibility

You remain enrolled in your current health insurance plan as long as you continue to pay your monthly premiums. Failure to make your monthly premium payments on time could cause you to lose your health insurance.

Although this decision cannot resolve your objection to being charged by the insurance carrier for February and March 2014, a complaint on this issue has been filed with Marketplace Customer Service under Tracking Number [REDACTED].

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, 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, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you 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 refer to the Appeal Identification Number at the top of this notice.

When communicating with the Marketplace about your complaint, please refer to Tracking Number [REDACTED].

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).

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.

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]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]