



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: July 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001668

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED]

On December 30, 2014, the Marketplace issued a notice of eligibility redetermination that you are eligible to receive up to \$156.00 per month of advance premium tax credits (APTC) beginning February 1, 2015.

On January 1, 2015, the Marketplace issued a letter confirming your enrollment in Healthfirst Bronze Leaf Premier NS INN Family Dental Dep25 Family Vision, with a monthly premium responsibility of \$185.28 after your APTC Of \$156.00 was applied. That letter informed you that your coverage could start as early as February 1, 2015 provided you paid your first month's premium on time.

On February 2, 2015, you appealed the eligibility determination insofar as you wanted to be reimbursed for your February 2015 premium payment to Healthfirst Bronze Leaf Premier.

On February 3, 2015, the Marketplace issued a disenrollment notice that your request to end your Healthfirst Bronze Leaf Premier plan had been processed and will be effective February 28, 2015.

On February 3, 2015, the Marketplace issued a letter confirming your enrollment in SilverPlus-S1, ST, INN, Dep25, Pediatric Dental, which could begin as early as March 1, 2015, provided you paid your first month's premium on time.

On April 9, 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 testified that you reviewed your plan options on-line through the Marketplace and found a bronze-level plan in which your doctor was listed as a participating provider.
- 2) You testified that you contacted the Marketplace and a representative confirmed that your doctor accepted Healthfirst.
- 3) You testified that you contacted your doctor's office and were told that they accepted Healthfirst.
- 4) You testified that you called the Marketplace one last time and they assured you that your doctor was a participating provider with Healthfirst.
- 5) You enrolled in Healthfirst Bronze with coverage beginning on February 1, 2015.
- 6) You testified that you paid your February 2015 premium responsibility of \$185.58 by debit and on time.
- 7) You testified that you had a doctor's appointment in February 2015 and when you presented your Healthfirst insurance card after the visit, you were told your doctor does not accept that plan.
- 8) You want to be reimbursed for the February 2015 premium that you paid in the amount of \$185.28 because you were given and relied upon incorrect information as to your provider's participation in Healthfirst by the Marketplace and our provider's office.

Although you have been found eligible for and enrolled in a silver-level qualified health plan as of March 1, 2015, you still want to be reimbursed for the February 2015 premium amount of \$185.28 that you paid. You contend that you should be reimbursed because you relied on misinformation from both the Marketplace and your doctor's office that your doctor was a participating provider in Healthfirst, which prompted you to select Healthfirst Bronze Leaf Premier.

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).

Since the issue of reimbursement 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, Healthfirst may be able to help you with your request for reimbursement of the February 2015 premium that you paid. If you have not already been assisted with your current billing and premium issue, please contact Healthfirst directly at 1-888-250-2220 Monday – Friday 8:00 AM – 8:00 PM.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

How does this Dismissal Affect Your Eligibility

This decision does not affect your eligibility for or enrollment in SilverPlus-S1, ST, INN, Dep25, Pediatric Dental, with an eligibility effective date of March 1, 2015.

It simply informs you of contact information if you choose to pursue your complaint further.

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.

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).

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:

[REDACTED]
[REDACTED]
[REDACTED]