



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

## NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: September 28, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001952

[REDACTED]

Dear [REDACTED],

On February 14, 2015, the Marketplace issued a notice of eligibility redetermination that you were eligible to receive \$321.00 per month in advance premium tax credits (APTC) and, if you selected a silver-level qualified health plan, eligible for cost sharing reductions (CSR) effective March 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your selection of a silver-level qualified health plan and your monthly premium responsibility after your monthly APTC amount was deducted. The notice informed you that your health insurance coverage will begin after you have paid your first month's premium and could start as early as February 1, 2015.

On February 18, 2015, the Marketplace issued a cancellation notice stating that, effective February 1, 2015, your enrollment in the silver-level qualified health plan you selected was cancelled effective February 1, 2015 due to non-payment of premium. That notice also informed you that if you had made your premium payment within the required timeframe, to please contact your plan directly at 1-855-809-4073.

On March 5, 2015, you appealed your coverage being cancelled on the basis that you had timely paid your premium such that your coverage should not have been cancelled. You were also requesting the opportunity to re-enroll outside the open enrollment period.

A hearing was scheduled for April 1, 2015. However, you failed to appear so your appeal was dismissed and a written notice to this effect was issued on May 13, 2015.

In a May 27, 2015 letter, your request that the dismissal be vacated for good cause and your request was granted.

On August 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

The following evidence was adduced at the hearing:

- 1) You testified that you purchased a money order in the first week of March 2015 and mailed your first month's premium payment to the health plan.
- 2) You testified that you mailed the premium payment expecting that your health insurance coverage would begin March 1, 2015.
- 3) You testified that you believe the cancellation was an error such that you should have been allowed to enroll in a health plan outside the open enrollment period.
- 4) You testified that you did not receive any medical treatment or care from March 2015 through the date of the hearing.
- 5) You testified that the health plan returned your March 2015 money order on July 17, 2015, and you deposited it into your bank account that same day.
- 6) You testified and your Marketplace account reflects that the Marketplace redetermined your eligibility for APTC and CSR on July 1, 2015 and issued a notice of eligibility redetermination on July 2, 2015.
- 7) You testified and your Marketplace account reflects that you selected a silver-level qualified health plan with coverage to take effect September 1, 2015, provided you pay your monthly premium responsibility on time.
- 8) You testified that you are satisfied with the outcome, but continued your appeal pending the return of the March 2015 premium payment you had made, which has since been returned.

## **Why Your Appeal Request Is Not Valid**

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit (APTC) and level of cost-sharing reductions (CSR), (2) a redetermination of eligibility, including the amount of APTC and level of CSR, (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).

Your appeal was requested to dispute (1) your health insurance coverage being cancelled due to nonpayment of premium, which you contend was in error, (2) not being allowed to enroll in a health plan outside the open enrollment period when you believe you should have been, and (3) not receiving a refund or return of the premium payment you made in March 2015 to the health plan. Since you have since been redetermined eligible for APTC and CSR and have selected a silver-level qualified health plan, which outcome you testified you are satisfied with, this issue has been resolved and is now moot such that it no longer needs to be addressed. The only unresolved issue at the time of the hearing appeared to be the premium refund/return from your health plan, which is not an issue that the NY State of Health Appeals Unit is authorized to address and we must dismiss your appeal. However, you testified at that hearing that you have received and deposited the returned premium such that this issue, too, has been resolved and was moot.

### **How does this Dismissal Affect Your Eligibility**

This decision does not change your eligibility for or enrollment in a silver-level qualified health plan, or the monthly premium amount that you pay for your health plan.

### **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.

### **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:**

