



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP00000002200



Dear [REDACTED],

The Marketplace received your initial application for health insurance for yourself only on February 7, 2014. The Marketplace rendered a preliminary eligibility determination that you are eligible for up to \$0.00 of advance premium tax credit per month.

On the same day you enrolled in an Empire BlueCross BlueShield (Empire) health plan.

On April 17, 2014 the Marketplace issued an eligibility redetermination notice stating that you are eligible to receive up to \$0.00 monthly of advance premium tax credit. The notice also stated that you are not eligible for cost-sharing reductions and Medicaid because your household income is over the allowable limit.

On August 27, 2014 you contacted the Marketplace's Customer Service Unit regarding the termination of your Empire qualified health plan effective April 1, 2014.

On October 22, 2014 the Marketplace issued a disenrollment notice stating that "[y]our insurance with Empire Platinum Guided Access – ceaf is terminated effective March 1, 2014."

On March 26, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being disenrolled from your Empire health plan effective April 1, 2014 for non-payment of your monthly premium.

On May 6, 2015 a Hearing Officer contacted you regarding your hearing. You testified that you were appealing the improper termination effective April 1, 2014 of your Empire qualified health plan. You testified that since your Empire qualified health plan was improperly terminated, you accrued approximately \$100,000.00 in outstanding medical bills. Based on the improper termination of your Empire qualified health plan, you are seeking coverage for the month of April 2014.

On May 11, 2015 you submitted a twenty-eight page fax to the Marketplace Appeals Unit. Included in the fax was a July 7, 2014 notice from Empire to you stating that “your BlueCross BlueShield and Empire BlueCross BlueShield HMO coverage was cancelled on April 1, 2014 because your premium was not paid.”

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).

Your appeal was requested to dispute whether you were properly disenrolled from Empire coverage for non-payment of health insurance premiums. Since the issue raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request.

How does this Dismissal Affect Your Eligibility

This decision does not change your eligibility. The Marketplace’s October 22, 2014 Marketplace notice is MODIFIED to state that your Empire health plan is terminated as of April 1, 2014.

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 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).

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:

