



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002301

[REDACTED]

Dear [REDACTED],

On November 3, 2014, the Marketplace issued a notice stating that it was time for you to renew your health insurance coverage for 2015. The notice stated that the Marketplace had “re-enrolled you in your current health plan for another year and you don’t have to do anything more” if you wanted to keep your present health plan and the information on your application was still accurate. The notice also stated that your health insurance with Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25 would be effective January 1, 2015.

On December 10, 2014, the Marketplace issued a notice confirming your enrollment with Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25. The notice further stated that your coverage could start as early as January 1, 2015, if you paid your first month’s premium.

On April 6, 2015, you spoke with the Marketplace’s Account Review Unit and appealed your plan enrollment insofar as the terms of your 2015 policy are different than the terms of your 2014 policy and, therefore, not the same policy.

On May 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and left open for up to 15 days to allow you to submit supporting evidence.

On May 12, 2015, the Marketplace’s Appeals Unit received your supporting evidence, which included a copy of your 2014 insurance card and a copy of your

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).

2015 insurance card. These documents were collectively marked as Appellant's Exhibit 1, and incorporated into the record. The record was closed on May 12, 2015.

During the hearing, you testified that you received the November 3, 2014 renewal notice and understood that your previous insurance policy would be automatically renewed for 2015 coverage. You further testified, and provided evidence, that your co-insurance and deductible amounts have increased in 2015, and therefore feel that you were not enrolled the same plan as you were in 2014.

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)).

According to the credible evidence in the record, you are appealing the change of policy terms offered by your insurance provider. 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 10, 2014 enrollment confirmation notice continues in effect.

Effective Date of this Decision: October 10, 2015

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 this Decision Affects Your Eligibility

You remain enrolled in Empire HMO 2450 Silver NS INN Pediatric Dental Dep 25.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your plan or through the Department of Financial Services.

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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the 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

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).

Legal Authority

We are sending you this notice in accordance with Code of 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:



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).