



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: October 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002848

[REDACTED]

Dear [REDACTED],

On December 21, 2014, the Marketplace issued a notice of eligibility redetermination that you were eligible to purchase a qualified health plan at full cost through NY State of Health, effective January 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your selection of a silver-level qualified health plan through Healthfirst and your monthly premium responsibility of \$400.73. The notice also informed you that your health insurance coverage will begin after you have paid your first month's premium and can start as early as January 1, 2015.

You testified at the hearing on August 21, 2015, which was based on your May 11, 2015 appeal request, that you signed up to have your monthly premium payments automatically deducted from your bank account. You also had submitted to the Marketplace a January 8, 2015 email notice from Healthfirst acknowledging your recent payment request and confirming your authorization for an electronic debit of \$400.73 from that account on January 8, 2015.

You testified that, without knowing it, you went without health insurance during February, March and April 2015 because you did not receive a cancellation notice from your health plan or from the Marketplace. You testified that you only learned your coverage had cancelled effective February 1, 2015 when you received bills for medical treatment you received during that month.

You also submitted an email notice from Healthfirst, dated June 5, 2015, wherein it confirmed your recent payment request and stated that an electronic debit from your funding account will be taken on "03/06/2015" and you are uncertain how that could be.

You want your health plan reinstated, effective February 1, 2015, and the medical bills you incurred that month covered by your health plan.

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 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 being cancelled for nonpayment of premium on the basis that you had authorized Healthfirst to automatically debit your bank account to pay your monthly premiums. This issue relates to coverage and termination thereof due of non-payment of premium which is not one that the NY State of Health Appeals Unit is authorized to address. Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility

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

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

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:

