



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: December 01, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003747

[REDACTED]

Dear [REDACTED],

On May 6, 2015, the Marketplace received your initial application for health insurance.

On May 7, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to receive advance premium tax credits, effective June 1, 2015.

On the same day the Marketplace issued an enrollment confirmation notice confirming your enrollment in a qualified health plan as of May 6, 2015. The notice further stated that your insurance coverage could start as early as June 1, 2015 if you pay your first month's premium.

On June 26, 2015 the Marketplace issued a disenrollment notice. The notice states that you requested to end your insurance on June 25, 2015 and you will no longer have coverage effective June 30, 2015.

On July 1, 2015, you spoke to the Marketplace's Account Review Unit and appealed because you did not want to pay the health insurance premium for the month of June 2015. You want to be reimbursed for the premium you have already paid for June 2015.

On September 23, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that

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hearing and closed at the end of the hearing. A review of the record supports the following findings of fact:

- 1) The Marketplace received your initial application for health insurance on May 6, 2015.
- 2) On May 7, 2015, the Marketplace issued a notice stating that your insurance coverage could begin as early as June 1, 2015 if you pay your first month's premium.
- 3) You testified that you contacted your health plan on May 28, 2015 and paid the June 2015 health insurance premium.
- 4) You testified that you were informed by your employer that your health insurance coverage would be effective until December 31, 2015.
- 5) You testified that you contacted your health plan on May 28, 2015 and disenrolled from the plan.
- 6) You testified that you are seeking reimbursement of the June 2015 health insurance premium.

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).

The Marketplace issued a notice stating that your insurance coverage could begin as early as June 1, 2015 if you pay your first month's premium. You testified that you subsequently paid the June 2015 premium, but disenrolled from the plan on the same day. You are now seeking reimbursement of the June 2015 premium.

The NY State of Health Appeals Unit does not have the authority to issue reimbursements of health insurance premiums paid to a qualified health plan. Therefore, your appeal is dismissed because it is not an issue that the NY State of Health Appeals Unit is authorized to review.

However, your case will be referred to the Department of Health's Plan Management Unit to determine whether or not you are eligible to be reimbursed for the June 2015 health insurance premium.

How does this Dismissal Affect Your Eligibility

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This decision does not affect your eligibility for health insurance through NY State of Health.

Your case will be referred to the Department of Health's Plan Management Unit to determine whether or not you are eligible to be reimbursed for the June 2015 health insurance premium.

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 Code of Federal Regulation 45 CFR § 155.530.

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A Copy of this Decision Has Been Provided To:

