



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

## **NOTICE OF DISMISSAL – INVALID APPEAL REQUEST**

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003859

[REDACTED]

Dear [REDACTED],

On April 13, 2015, the Marketplace received your initial application for health insurance.

On April 14, 2015, the Marketplace issued an eligibility determination notice stating that you and your spouse were eligible to receive advance premium tax credits and cost-sharing reductions, effective May 1, 2015.

Also on April 14, 2015, the Marketplace issued an enrollment confirmation notice confirming enrollment in a qualified health plan for you and your spouse as of April 13, 2015. The notice further stated that your and your spouse's insurance coverage could start as early as May 1, 2015 if you paid your first month's premium.

Your and your spouse's eligibility was reran on April 21, 2015.

On April 22, 2015, the Marketplace issued an eligibility redetermination notice stating that you and your spouse were eligible to receive advance premium tax credits and cost-sharing reductions, effective June 1, 2015. You both were eligible to enroll in a plan outside of the open-enrollment period.

Also on April 22, 2015, the Marketplace issued an enrollment confirmation notice confirming enrollment in a qualified health plan for you and your spouse as of April 13, 2015. The notice further stated that your and your spouse's insurance coverage could start as early as June 1, 2015 if you paid your first month's premium.

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).

On July 10, 2015, you spoke to the Marketplace's Account Review Unit and appealed because you did not want to pay premiums for the month of May 2015 because you were told that your and your spouse's coverage did not begin until June 2015. You want to be reimbursed for the premium you have already paid for May 2015.

On September 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that 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 April 13, 2015.
- 2) The Marketplace issued a notice stating that your and your spouse's insurance coverage could begin as early as May 1, 2015 if you paid your first month's premium.
- 3) You testified that you were told by a Marketplace representative that your plan did not start until June 1, 2015.
- 4) You testified that you were told that you had to pay a premium for May 2015 or else your coverage would be terminated.
- 5) You testified that you paid premiums for May, June, and July 2015.
- 6) You testified that you are seeking reimbursement of the May 2015 premium because you were given misinformation by the Marketplace and you should not be responsible for that month's 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 and your spouse's insurance coverage could begin as early as May 1, 2015 if you paid your first month's premium. You testified that you were told that you had to pay a premium for May 2015 or else your coverage would be terminated. You testified that you subsequently paid the May 2015 premium and you are now seeking reimbursement of that premium because of misinformation regarding your health plan start date.

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.

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

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

## **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

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 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:**

