



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

NOTICE OF DISMISSAL

Notice Date: February 9, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005698

[REDACTED]

Dear [REDACTED],

On October 23, 2015, the Marketplace issued a renewal notice informing you that, based on the information from federal and state sources, a decision about whether or not you qualify for financial help paying for your health coverage in 2016 could not be made. You were instructed to update the information on your Marketplace account by December 15, 2015 and, if you missed this deadline, that the financial assistance you were then getting might end.

On December 17, 2015, you updated your Marketplace application and were determined eligible to enroll in the Essential Plan, effective January 1, 2016.

On December 18, 2015, the Marketplace issued a disenrollment notice informing you that your coverage under the silver-level qualified health plan in which you were enrolled during 2015 would end effective December 31, 2015.

Also on December 18, 2015, the Marketplace issued a notice of eligibility determination that was consistent with the December 17, 2015 preliminary determination as it relates to your eligibility.

On December 22, 2015, you selected an Essential Plan and were enrolled in that plan with a start date of February 1, 2016.

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: 1-877-622-4886).

Also on December 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 1, 2016 start date of enrollment because you needed your coverage to start January 1, 2016. You requested that your coverage be backdated accordingly.

On December 23, 2015, the Marketplace issued an enrollment notice confirming in part your Essential Plan selection and the February 1, 2016 start date.

We note that there is no record of a request from you to expedite your hearing and there is no record of a supporting medical opinion demonstrating an urgent medical need for your hearing to be expedited. Therefore, your appeal request was handled under the standard process and your hearing was scheduled accordingly.

On January 7, 2016, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 2, 2016 at 10:00 a.m.

A Hearing Officer called you at 10:00 a.m. on February 2, 2016 to conduct the formal hearing. He identified himself as a Hearing Officer from the New York State of Health Appeals Unit and stated he was calling to conduct a formal hearing based on your December 22, 2015 appeal request. You requested to speak to a Supervising Hearing Officer, and that Hearing Officer also identified herself and indicated that the purpose of the call was to conduct a formal hearing based on your December 22, 2015 appeal request. You stated that you did not want to have the hearing because January 2016 had already passed and did not want to withdraw your appeal, but wanted an explanation from the Marketplace as to why your hearing was not scheduled until after January 2016, the month in which you needed health insurance.

Based on the foregoing, we find that you were given notice of the formal hearing in writing and twice by two separate Hearing Officers on the date and at the time of your scheduled hearing and were twice given an opportunity to be heard at the scheduled hearing, but chose not to have the hearing as scheduled.

Since your hearing did not go forward as scheduled, we are dismissing your appeal.

Notwithstanding the dismissal of your appeal, a brief explanation is being provided as to how the selection date of an Essential Plan determines the start date of enrollment in that plan.

Generally, if the individual enrolls in a basic health plan (Essential Plan) between the first and fifteenth day of any month, the Marketplace must ensure a coverage

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: 1-877-622-4886).

effective date of the first day of the following month (N.Y. Social Services Law § 369-gg(4)(c); 45 CFR § 155.420(b)(1) and (2)).

If an individual enrolls between the sixteenth and last day of the month for any month, the Marketplace must ensure a coverage effective date of the first day of the second following month (*id.*).

We note that the Marketplace extended its December 15, 2015 deadline due to high volume of activity to December 19, 2015 to allow applicants to enroll in coverage to start January 1, 2016 (Press Release, Albany, NY, December 15, 2015: NY STATE OF HEALTH EXTENDS ENROLLMENT DEADLINE FOR JANUARY 1 COVERAGE - *New Yorkers Now Have Until December 19 to Enroll for Health Insurance Coverage that Begins January 1*). However, the record reflects that your Essential Plan selection was not made until December 22, 2015, which is after the deadline extension of December 19, 2015. Therefore, based on the record as it stands, the Marketplace properly determined your enrollment start date in your Essential Plan to be the first day of the second following month; that is, February 1, 2016.

How does this Dismissal Affect My Eligibility?

While the Appeals Unit of NY State of Health will not review your appeal at this time, a brief explanation is being provided as to how the selection date of an Essential Plan determines the start date of enrollment in that plan.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us, in writing, within 30 days after the date on this notice. In that writing, you must explain why your hearing did not go forward 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.

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: 1-877-622-4886).

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to both the Appeal Identification number and the NY State of Health number at the top of this notice.

How to Contact the Marketplace

You can contact the Marketplace 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 45 Code of Federal Regulations § 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: 1-877-622-4886).

A Copy of this Notice of Dismissal 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: 1-877-622-4886).