



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001554

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

Your two daughters were covered under MVP Health Plan, Inc., a Child Health Plus (CHP) plan, during 2014. You paid monthly premiums of \$18.00 total on time from May 1, 2014 to November 31, 2014.

On December 3, 2014, you contacted the Marketplace to report that you had gotten married and your tax household and income had changed. You were charged \$15.00 in monthly premium responsibility for each daughter for December 2014.

That same day, the Marketplace issued an eligibility redetermination that, in relevant part, said your daughters were eligible to enroll in CHP with a \$15.00 monthly premium responsibility for each, effective January 1, 2015.

On December 13, 2014, MVP Health Care prepared a billing statement regarding your daughters' CHP premiums that said you had a previous balance due of \$18.00 as of that date, the current amount due for 02/01/2015 to 02/28/2015 is \$30.00, and retroactive adjustments for 12/01/2014 to 01/31/2015 were \$54.00.

You testified that on or about December 27, 2014, you received a Notice of Cancellation from MVP Health Care that said, due to non-payment of premium, your daughters' health coverage will terminate December 31, 2014.

You testified that you contacted MVP Health Care on Monday, December 29, 2014, and were told by a customer service representative to just mail in the payment, a note to that effect would be entered on your file, and your daughters' coverage would remain in effect.

On December 31, 2014, you mailed a check (# [REDACTED]) for the full amount of \$102.00 to MVP Health Care.

On January 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the cancellation of coverage effective December 31, 2014, due to non-payment of premium. You also requested that the gap in coverage for January 2015 and February 2015 be reviewed since you were told your daughters were determined preliminarily to be eligible for CHP as of March 1, 2015.

That same day, you were told by the Marketplace's Account Review Unit that your daughters' CHP plan with MVP Health Plan, Inc. was reinstated beginning on March 1, 2015 and that coverage would be backdated to January 1, 2015.

On January 24, 2015, the Marketplace issued a letter confirming your daughters' enrollment in MVP Health Plan, Inc. and that coverage could begin as early as March 1, 2015 if you paid the monthly premium responsibility on time.

On March 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

According to your Marketplace account, the coverage for your daughters with MVP Health Plan Inc. was backdated to January 1, 2015 on January 26, 2015 by the Marketplace so that they have uninterrupted coverage from January 1, 2015 to December 31, 2015.

You testified that you received the MVP insurance identification cards on February 21, 2015 showing a coverage effective date of January 1, 2015 for your daughters and are satisfied that the start date of their CHP plan is effective January 1, 2015.

Although the original issues under appeal regarding cancellation of coverage due to non-payment of premium and backdating of your daughters' coverage to January 1, 2015 have been rectified, you still want an explanation as to the premium amounts and retroactive adjustments that appear on MVP Health Care's December 13, 2014 billing statement and, if you are due a refund as you believe you are, to receive a refund.

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).

Although your appeal was requested to dispute the cancellation of CHP coverage for your daughters and a gap in coverage, those issues have been resolved by MVP Health Plan and the Marketplace. Nonetheless, you also want an explanation as to the premium figures and retroactive adjustments made by MVP Health Plan as stated on their December 13, 2014 billing statement and you want a refund if one is due. Since the remaining issue raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request.

However, MVP Health Care may be able to help you with the problems regarding your billing that you have encountered. If you have not already been assisted with your current billing and premium issue, please contact MVP Health Care directly at 1-800-777-4793.

How does this Dismissal Affect Your Eligibility

This decision does not change your daughters' eligibility for or enrollment in Child Health Plus with MVP Health Plan, Inc. effective January 1, 2015.

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.

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).

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:

[REDACTED]
[REDACTED]
[REDACTED]