



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002292

[REDACTED]

Dear [REDACTED],

On December 14, 2014, the Marketplace received your updated application for health coverage in 2015, which you modified on January 2, 2015 and January 12, 2015.

On January 13, 2015, the Marketplace issued a notice of eligibility redetermination that, in relevant part, stated you are eligible to receive up to \$120.00 per month of advance premium tax credits (APTC) and, if you select a silver-level qualified health plan, for cost-sharing reductions (CSR) effective February 1, 2015.

That same day, the Marketplace issued a letter confirming your enrollment in Primary Select Silver NS INN Dep25 Acupuncture, a health plan offered by Health Republic Insurance of New York, Inc. (Health Republic Insurance), with a monthly premium responsibility of \$211.49 after your monthly APTC of \$120.00 was applied. That letter also stated that your coverage will begin after you paid your first month's premium and could start as early as February 1, 2015.

On April 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of your health plan's coverage insofar as you contend that, since Health Republic Insurance had not processed your coverage for February 2015 or March 2015, you want coverage to begin April 1, 2015.

On May 14, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you to submit proof of payment and insurance bills.

As of May 29, 2015, the Appeals Unit had not received any documents from you and none had been uploaded to nor were available in your Marketplace account.

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).

Accordingly, the record was closed that same day and this Decision is based on the evidence in the record as of the date of your telephone hearing, including your testimony.

A review of the record supports the following findings of fact:

- 1) You testified and your Marketplace account reflects that you were found eligible for APTC and CSR effective February 1, 2015, selected a silver-level qualified health plan with the assistance of a Navigator on January 12, 2015, and paid your first month's premium for February 2015 on or about January 12, 2015.
- 2) You testified that you contacted Health Republic Insurance of New York, Inc. (Health Republic Insurance) in early February 2015 and inquired as to why you had not received any enrollment information and insurance identification cards from them. You stated that the representative indicated they had not received payment from you.
- 3) You testified that you contacted your bank and they confirmed that your check for payment of premium had cleared on February 6, 2015, and faxed to Health Republic Insurance a copy of the cashed check on February 23, 2015 and again on February 25, 2015. However, when you contacted them to discuss your health coverage and were told they had not received any fax from you.
- 4) You testified that, since you did not hear anything further from Health Republic Insurance after contacting them and resending the fax on February 25, 2015, you did not think you had health insurance coverage for February 2015 and March 2015 and did not seek the medical attention you needed those two months.
- 5) You testified that the next communication from Health Republic Insurance was at the end of April 2015 when you received health insurance identification cards in the mail, which prompted you to contact Health Republic Insurance to find out when your coverage would become effective. You stated that a Health Republic representative informed you that it was in place as of February 1, 2015, and that you would soon be billed for the months of past due premium.
- 6) You testified that you are disputing having to be responsible for February and March 2015 premiums because Health Republic Insurance had not properly accounted for nor applied your payment for February 2015 premium and did not notify you of coverage until the last week of April 2015, and then only by mailing you insurance identification cards.
- 7) You testified that you want coverage effective April 1, 2015, your first month's premium payment applied to that month, and you do not want to be responsible for February and/or March 2015 premium payments.

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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).

You testified that, because Health Republic Insurance did not timely process your premium payment in January 2015 for coverage to start on February 1, 2015, and did not properly notify you of your coverage start date until April 2015, you did not seek medical attention in February and March 2015. You further testified that, as a result of their lack of communication, you do not want to be responsible for premium payments for that month, but want your coverage to start April 1, 2015.

The NY State of Health Appeals Unit does not have the authority to determine your coverage start date under these circumstances. Therefore, your appeal is dismissed because it is not an issue that the NY State of Health Appeals Unit is authorized to review.

However, Health Republic Insurance may be able to help you with your request for reimbursement of the February 2015 premium that you paid. If you have not already been assisted with your current billing and premium issue, please contact Health Republic Insurance of New York Inc. directly at the number provided on your insurance identification card.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

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.

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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.

A Copy of this Decision Has Been Provided To:



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