



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002833

[REDACTED]

Dear [REDACTED],

On December 6, 2013 the Marketplace received your initial application for health insurance for your family, including your two children.

On December 14, 2013, the Marketplace issued a notice of eligibility determination that your two children were eligible for Child Health Plus (CHP) at full cost. The notice further stated that, based on your attested 2014 projected household income of \$102,002.28, you were not eligible to receive premium assistance for CHP because your household income is over the CHP income standard of \$94,200.00.

According to your Marketplace account, your two children were enrolled in a CHP plan with Excellus Blue Cross Blue Shield (BCBS) from January 1, 2014 to December 31, 2014.

On November 3, 2014, the Marketplace issued a renewal notice that, in relevant part, stated if your application information was still accurate your two children were automatically re-enrolled in their current CHP plan effective January 1, 2015.

On November 25, 2014, your Marketplace application was modified; namely your expected yearly income for yourself was reported as \$70,000.00 and \$24,999.96 for your spouse.

On November 29, 2014, the Marketplace issued a notice of eligibility redetermination that stated in relevant part that your children were conditionally eligible to enroll

through CHP with a \$60.00 premium each per month, effective January 1, 2015. The notice further stated that the children had to provide documentation of income by January 26, 2015 to confirm their CHP eligibility.

On December 10, 2014, the Marketplace issued an enrollment notice confirming that you had selected Excellus BCBS, a CHP plan, for your two children with a total monthly premium responsibility of \$120.00.

On May 6, 2015, copies of your and your spouse's 2014 Form 1040 Schedule Cs were uploaded to your Marketplace account showing you had a business net profit of \$69,300.00 and your spouse had a business net profit of \$25,662.00.

On May 7, 2015, the Marketplace issued a notice of eligibility redetermination that in relevant part stated your two children were eligible to enroll through CHP with a \$60.00 premium each per month, effective June 1, 2015.

On May 11, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the eligibility determination for your children's CHP premium in 2014 insofar as you paid the full cost of monthly premiums of \$201.75 for each child when you believe you should have been paying \$60.00 per month per child.

On June 12, 2015, a Hearing Office contacted you to conduct a formal hearing. You identified yourself and stated through sworn testimony that you were authorizing your broker, [REDACTED], to act on your behalf.

Immediately thereafter, the Hearing Officer contacted [REDACTED] and conducted the hearing. The record was developed during the hearing and closed at the end of the hearing.

The findings of facts are as follows:

- 1) Your household consists of you, your spouse, and your two minor children.
- 2) You are appealing only the full cost of \$201.75 per child of the CHP Plan monthly premium that you paid for twelve months in 2014.
- 3) You realized that your and your spouse's businesses had 2014 deductible expenses such that you had over-reported your income for 2014 when you initially applied, which resulted in CHP premiums at full cost for your two children.
- 4) You want to be reimbursed for the difference between the full cost of CHP premiums for your children in 2014 and the \$120.00 monthly CHP premiums you are now responsible for in 2015 because your 2014 income was comparable to your expected 2015 income.

Why Your Appeal Request Is Not Valid

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by the Marketplace (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

For an appeal to have been valid on the issue of the 2014 premium amount for your children's CHP plan in 2014, an appeal should have been filed by February 12, 2014. According to the credible evidence in the record, you did not submit an appeal request until May 11, 2015, which is well beyond 60 days from the December 14, 2013 eligibility determination regarding your children's eligible to enroll in a CHP plan at full cost in 2014.

Therefore, there has been no valid appeal of the December 14, 2013 eligibility determination, and the appeal must be dismissed.

How does this Dismissal Affect Your Eligibility

This decision does not change your children's eligibility for or enrollment in CHP with Excellus BCBS in 2014, nor the premium amount that you paid for the CHP plan for your children that year.

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 Federal regulation 45 CFR § 155.530.

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]