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: AP000000004235

[redacted]

Dear [redacted],

On April 25, 2015, the Marketplace received your initial application for health insurance.

On April 26, 2015, the Marketplace issued an eligibility determination notice stating that you are conditionally eligible and your spouse is eligible to purchase a qualified health plan at full cost through New York State of Health. The notice directed you to confirm your citizenship status and to provide documentation before July 24, 2015.

Also on April 26, 2015, the Marketplace issued an enrollment confirmation notice confirming that you and your spouse are enrolled in MetroPlus Health Plan as of April 25, 2015. The notice further stated that the insurance coverage could start as early as June 1, 2015, if you pay your first month's premium.

On August 2, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through the Marketplace. The notice stated that you did not provide information regarding your citizenship status to confirm your eligibility.

On the same day, the Marketplace issued a disenrollment notice that you and your spouse's insurance with New York State of Health will terminate and coverage will end effective August 31, 2015.

On August 7, 2015, you spoke to the Marketplace's Account Review Unit and submitted an appeal request.

On November 5, 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. You clarified during the hearing that you are seeking to be reimbursed for the health insurance premiums that you paid for the months of June and July 2015.

2. The Marketplace received your initial application for health insurance on April 25, 2015.

3. On April 26, 2015 the Marketplace issued a notice stating that you are conditionally eligible to purchase a qualified health plan through the Marketplace. The notice directed you to confirm your citizenship status and to provide documentation before July 24, 2015.

4. The Marketplace issued a notice stating that your and your spouse's insurance coverage could begin as early as June 1, 2015, if you pay your first month's premium.

5. On August 2, 2015 the Marketplace issued an eligibility determination notice stating that you cannot enroll in a qualified health plan at full cost through the Marketplace because you did not provide information regarding your citizenship status to confirm your eligibility.

6. On August 2, 2015 the Marketplace issued a disenrollment notice that you and your spouse's insurance with New York State of Health will terminate and coverage will end effective August 31, 2015.

7. You testified that you do not want to re-enroll in a health plan through the Marketplace.

8. You testified that you paid premiums for June and July 2015.

9. You testified that you are seeking reimbursement for the June and July 2015 health insurance premiums.

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).

On August 2, 2015 the Marketplace issued an eligibility determination notice stating that you cannot enroll in a qualified health plan at full cost through the Marketplace because you did not provide information regarding your citizenship status to confirm your eligibility. Subsequently, the Marketplace issued a disenrollment notice that you and your spouse's insurance with New York State of Health was terminated and coverage will end effective August 31, 2015.

You testified that you do not want to re-enroll in a health plan through the Marketplace. You testified that you paid premiums for June and July 2015, and are seeking reimbursement for the months.

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.

However, MetroPlus Health Plan may be able to help you with your request for reimbursement. If you have not already been assisted with your current reimbursement issue, please contact MetroPlus Health Plan at 1-855-809-4073.

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.

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.

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:

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