

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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004365

[REDACTED]

Dear [REDACTED],

On July 23, 2015, you added your newborn child to your Marketplace account. This resulted in an increased household size, and the Marketplaces redetermined your eligibility for financial assistance and health insurance based on that increased size. On July 24, 2015 the Marketplace issued a notice of eligibility redetermination stating that you, [REDACTED], were eligible to receive up to \$202.00 per month in advance premium tax credits and, if you selected a silver-level plan, cost-sharing reductions, effective August 1, 2015.

Also on July 24, 2015, the Marketplace issued an enrollment notice confirming your selection of a silver-level qualified health plan through Empire Blue Cross Blue Shield (Empire) and your monthly total premium responsibility of \$322.98. The notice also informed you that your health insurance coverage was effective February 1, 2015. On November 6, 2015, you testified at the hearing, which addressed your August 18, 2015 appeal request, that after you updated your account with your newborn child's information you received a bill from Empire for over \$900.00. You also submitted a copy of the bill from Empire stating that you owe a premium amount of \$923.82 because your health plan premium was late.

You testified that you paid all of your premiums on time. You further testified that you called Empire and the Marketplace to find out why you were being billed, and neither entity could explain to you why you were being billed that amount. One possible

explanation given was that you had changed health plans. You testified that you received a new insurance card in August from Empire that conflicted with the original insurance card you had received from them in January.

You also submitted copies of both insurance cards that you received. Both cards list your name and the same identification number. However, the card you received in January 2015 had an effective date of January 1, 2015 and the card you received in August 2015 had an effective date of February 1, 2015. Furthermore, the card issued to you in August 2015 has lower deductible and out of pocket expenses limits.

You testified that you filed an appeal because the Marketplace was confused as to what happened that would trigger Empire sending you a \$923.82 bill.

Why Your Appeal Request Is Not Valid

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).

Your appeal was requested to dispute Empire issuing you a \$923.82 bill. This issue relates to how coverage is provided and the payment of premiums, which are not issues that the NY State of Health Appeals Unit is authorized to address. Therefore, we must dismiss your appeal.

However, it is clear from the record that a coverage discrepancy exists between Empire and the Marketplace. Therefore, we are RETURNING your case to the Marketplace's Plan Management Unit to further investigate why you were billed \$923.82 by Empire.

How does this Dismissal Affect Your Eligibility

This decision does not change your current eligibility for or enrollment in a qualified health plan, or the monthly premium amount that you pay for your health plan.

It does return your case to the Marketplace's Plan Management Unit to further investigate the issue.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your plan or through the Department of Financial Services.

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:

