



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

## NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: February 16, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004635

[REDACTED]

Dear [REDACTED],

On December 9, 2014 the Marketplace issued an enrollment confirmation notice stating that you were in a UnitedHealthcare Silver plan that could start as early as January 1, 2015 if you pay your first month's premium.

On April 2, 2015 the Marketplace issued an eligibility determination notice stating that you are no longer eligible to receive advance premium tax credits and cost-sharing reductions or enroll into a qualified health plan at full cost because you are not a resident of New York State. Your eligibility ended effective April 30, 2015. That same day, a disenrollment notice was also issued stating that your coverage in the UnitedHealthcare Silver plan ended effective April 30, 2015.

On August 29, 2015 the Marketplace issued an eligibility redetermination notice stating that you are eligible to receive up to \$291.00 per month in advance premium tax credits and cost-sharing reductions, effective October 1, 2015.

On September 9, 2015 the Marketplace issued an enrollment confirmation notice stating that as of September 8, 2015 you were enrolled in a UnitedHealthcare Silver plan that could start as early as October 1, 2015.

You filed an appeal to dispute (1) the plan start date of your UnitedHealthcare Silver plan and (2) the amount of deductibles you had to pay for your UnitedHealthcare Silver

plan because you felt as if the deductibles you paid to the plan for your enrollment from January 1, 2015- April 30, 2015 should be counted.

On December 16, 2015 you had a telephone hearing with a Hearing Officer from the New York State of Health Appeals Unit. At the hearing you testified, and the record reflects, that your first issue was resolved. The Marketplace backdated your coverage in your UnitedHealthcare Silver plan to August 1, 2015 and you were satisfied with that result.

Therefore, the issue under appeal was whether or not your previously paid deductible balance should be applied to your reenrollment into UnitedHealthcare Silver plan as of August 1, 2015.

### **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).

The particulars of the terms of coverage regarding covered medical services, treatment, prescriptions, and the amount of co-pays, deductibles, and out of pockets costs for which you are responsible for are set by the individual plans and are not based on an eligibility determination made by the Marketplace. Therefore, your issue is not something that the New York State of Health Appeals Unit can review and we must dismiss your appeal.

However, part of your argument was that your deductibles should not have been reset because you were disenrolled in April 2015 for not being a New York resident in error. You testified that the residence address that is on your account ( [REDACTED] ) was an old address and you no longer reside there. You further testified that you have lived in [REDACTED] at the mailing address that is currently listed on your account ( [REDACTED] ) since spring of 2015 and that you intend to reside there until at least spring of 2016. You also testified that you spoke to the Marketplace and were told that you should update your residence address to a friend's New York address so that you may maintain your New York State health insurance. You testified that the Marketplace was made aware of your current living situation and everything you were advised to do in regards to the addresses on your account was done with permission of the Marketplace.

However, since your sworn testimony conflicts with the information that is currently in your Marketplace account, we are RETURNING your case to the Marketplace to correct the residence address in your account to [REDACTED] .

## **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.

Your case is RETURNED to the Marketplace to correct the residence address in your account to [REDACTED]. The Marketplace may redetermine your eligibility as a result of this change.

## **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:**

