



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

## NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: February 1, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004848

[REDACTED]

Dear [REDACTED],

On December 17, 2014, the Marketplace issued a notice confirming your qualified health plan enrollment with TotalIndependence Silver NS INN Dep25 Acupuncture Massage Therapy Naturopathy (TotalIndependence) through Health Republic. It further stated that you had a monthly premium responsibility of \$124.28 per month, after applying a maximum advance monthly payment of the premium tax credit of \$266.76. This coverage was effective January 1, 2015.

On October 1, 2015, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination in your case. It stated that you were eligible to purchase a qualified health plan at full cost, effective November 1, 2015, in part because your application stated that you were married but not filing taxes jointly with your spouse.

Also on October 1, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as you were not eligible to receive financial assistance.

On October 27, 2015, the Marketplace issued a notice confirming your qualified health plan enrollment with TotalIndependence through Health Republic. It further stated that you had a monthly premium responsibility of \$380.04 per month, with no available advance payment of the premium tax credit applied. The notice stated that this coverage was effective January 1, 2015.

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: 1-877-622-4886).

On October 30, 2015, the Marketplace issued a notice stating that your health coverage with TotalIndependence through Health Republic would no longer be offered beginning December 1, 2015. You were requested to select a new health plan to maintain health care coverage for the month of December 2015.

On November 10, 2015, the Marketplace issued a notice confirming your qualified health plan enrollment with Affinity Access Silver ST INN Dep25. This coverage was effective December 1, 2015.

On December 22, 2015, you had a telephone hearing with a Hearing Officer from the NY State of Health Appeals Unit.

At that time, you clarified that the issue on appeal was not the preliminary eligibility determination prepared on October 1, 2015, but rather that you were objecting to your insurance deductible having been reset when your coverage was updated on October 27, 2015, and again when you were required to change health plans for December 2015 coverage.

## **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 Marketplace to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the Appeals Unit of NY State of Health (45 Code of Federal Regulations (CFR) § 155.505).

You testified at the hearing that your original deductible under your TotalIndependence plan was \$700.00, which you met earlier in 2015. You further testified that when you updated your application in October 2015, your eligibility changed, and your qualified health plan enrollment was converted into a full-cost plan. You testified that when your plan was converted, your annual deductible was increased to \$3,800.00.

You further testified, and the record reflects, that Health Republic, who provided your coverage with TotalIndependence, would no longer offer coverage through the Marketplace as of December 1, 2015. You were requested to enroll in a different plan. The record reflects that you were enrolled in Affinity Access Silver ST INN Dep25, with coverage effective December 1, 2015. You testified that your deductible was again reset to \$2,000.00.

You testified that the previous deductible amounts that you paid throughout 2015 were not applied to your new plan for December 2015. You further testified that you believe that your deductible should be prorated to reflect one month of coverage, not a deductible meant for twelve months of coverage.

Since the Appeals Unit is not given the authority to review whether health insurance deductibles were reset, or whether to prorate insurance deductibles, we cannot reach the merits as to whether your deductible was properly reset, or whether your deductible should be prorated for the month of December 2015. Therefore, your appeal request is **DISMISSED** as a non-appealable issue.

Please note that the New York State Department of Financial Services and the NY State of Health Marketplace are working together to ensure that consumers enrolled in a Health Republic plan would not be charged by their new plans for the amount of deductible already met in 2015. Consumers may need to provide their new plan with evidence that they have met all or part of the 2015 deductible, and should keep their deductible records. Any questions or concerns should be addressed to the Customer Service helpline at 1-855-329-8899.

## **How does this Dismissal Affect Your Eligibility**

This decision does not change your current eligibility for or enrollment in a qualified health plan.

## **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 45 CFR § 155.530.

**A Copy of this Decision Has Been Provided To:**

