



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: February 1, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004971

[REDACTED]

Dear [REDACTED],

On April 23, 2015, the Marketplace issued a notice of eligibility determination that you were eligible to receive advance premium tax credits and cost-sharing reductions, effective June 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your selection of a silver-level qualified health plan with Health Republic Insurance of New York, Inc. (Health Republic), with coverage that could start as early as May 1, 2015 provided you paid your first month's premium.

On May 13, 2015, the Marketplace issued a disenrollment notice confirming that your request to have coverage cancelled in that plan had been processed and would end effective May 31, 2015.

On October 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed the end date of your coverage in the Health Republic plan insofar as you timely cancelled coverage within 10 days such that the policy coverage should not have started and you should have been reimbursed your May 2015 premium.

On January 8, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeal Unit. The record was developed, which included the document from Health Republic that you uploaded during the hearing, and was closed at the end of the hearing.

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 review of the record supports the following findings of fact:

- 1) You credibly testified that you received the April 23, 2015 eligibility determination and enrollment notices and paid your first month's premium so that your health insurance coverage could begin May 1, 2015.
- 2) You testified that you received a handbook and cover letter from Health Republic on or about May 5, 2015. You uploaded a copy of the cover letter to your Marketplace account during the hearing, which stated that you have the right to return the contract by written request within 10 days of receipt and your premium would be refunded (Document [REDACTED] (Appellant's Exhibit B).
- 3) You testified and submitted a copy of your May 12, 2015 written request directed to Health Republic "...requesting cancellation of this exclusive provider contract issued by Health Republic Insurance of New York and request a refund of the premium paid" (Document [REDACTED] (Appellant's Exhibit A).
- 4) You testified that you had numerous telephone conversations with Marketplace representatives in an effort to get the Health Republic health insurance policy cancelled retroactively to the date of inception; that is, as of May 1, 2015.
- 5) According to the May 13, 2015 disenrollment notice, the Marketplace made your request to cancel your Health Republic health insurance policy effective May 31, 2015.
- 6) You testified that you want your written cancellation of the health insurance contract to be honored so that your policy is cancelled as of the date of its inception; that is, May 1, 2015, and the May 2015 health insurance premium you paid to Health Republic is refunded.

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 Marketplace issued a notice stating that your insurance coverage could begin as early as May 1, 2015 if you pay your first month's premium. You testified that you timely paid the May 2015 premium, but cancelled the health insurance policy within 10 days of receipt of the same in writing and requested a

refund. You are seeking to have the policy cancelled as of May 1, 2015, the date of its inception, and to be reimbursed for the May 2015 premium you had paid.

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 due to a request for cancellation of coverage during the 10 day grace period. Therefore, your appeal is dismissed because it is not an issue that the NY State of Health Appeals Unit is authorized to review.

However, your case will be referred to the Department of Health's Plan Management Unit to determine whether or not (1) your health insurance policy should have been cancelled as of May 1, 2015, the date of its inception; and (2) you are eligible to be reimbursed for the May 2015 health insurance premium from Health Republic.

How does this Dismissal Affect Your Eligibility

This decision does not affect your eligibility for health insurance through NY State of Health.

Your case will be referred to the Department of Health's Plan Management Unit to determine whether or not (1) your health insurance policy should have been cancelled as of May 1, 2015, the date of its inception; and (2) you are eligible to be reimbursed for the May 2015 health insurance premium from health Republic.

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.

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).

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 Code of Federal Regulation 45 CFR § 155.530.

A Copy of this Decision Has Been Provided To:

