



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: March 11, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005172



Dear [REDACTED],

On November 10, 2014 the Marketplace received your application for health insurance for your two-year-old child.

On December 1, 2014, the Marketplace issued a notice of eligibility determination that your children was eligible to enroll through a Child Health Plus (CHP) or Child-Only qualified health plan at full cost. The notice further stated that, based on your 2014 projected household income of \$69,999.81, you were not eligible to receive premium assistance for CHP because your household income is over the CHP income standard of \$62,920.00.

On December 15, 2014, the Marketplace issued an enrollment notice confirming that as of November 10, 2014 your child was enrolled in Health Plus, an Amerigroup Company HealthPlus) and coverage could start as early as December 1, 2014.

On November 14, 2015 the Marketplace issued an eligibility determination notice that your child was eligible to enroll in Child Health Plus for a cost of \$45.00 per month, and an enrollment notice confirming that your child was enrolled in HealthPlus with a \$45.00 monthly premium, effective December 1, 2015.

On the same day the Marketplace issued a notice confirming that on November 13, 2015 you requested a telephone hearing to review the "Level of CHP premiums."

On February 1, 2016 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was closed at the end of the hearing.

The findings of facts are as follows:

- 1) Your household consists of you and your two-year-old child.
- 2) You are appealing only the full cost of \$241.99 monthly premium that you paid for your child's Child Health Plus health plan that began on December 1, 2014.
- 3) According to your Marketplace account, your child was enrolled in HealthPlus, an Amerigroup Company with a start date of December 1, 2014.
- 4) You testified that the Marketplace incorrectly calculated your income in 2014, which resulted in your child being found eligible for Child Health Plus at full cost.
- 5) You want to be reimbursed for the difference between the full cost of CHP premiums for your child in 2014 (\$241.99) and the \$45.00 monthly CHP premiums you are now responsible for in 2015 because your 2014 income was calculated incorrectly.
- 6) According to your Marketplace account, an appeal was requested on November 13, 2015.

Why Your Appeal Request Is Not Valid

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by the Marketplace (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

For an appeal to have been valid on the issue of the monthly premium amount for your child's Child Health Plus plan that began on December 1, 2014, an appeal should have been filed by January 29, 2015. According to the record, you did not submit an appeal request until November 13, 2015, which is beyond 60 days from the December 1, 2014 eligibility determination regarding your child's eligible to enroll in a CHP plan at full cost effective as of December 1, 2014.

Therefore, there has been no valid appeal of the December 1, 2014 eligibility determination, and the appeal must be dismissed.

How does this Dismissal Affect Your Eligibility

This decision does not change your children's eligibility for or enrollment in CHP with HealthPlus, nor the premium amount that you paid for the CHP plan for your child.

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:

