



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: August 09, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000007434

[REDACTED]

Dear [REDACTED],

On December 15, 2015, NY State of Health (NYSOH) issued notices of eligibility redetermination and enrollment stating respectively that you were eligible for the Essential Plan and enrolled in an Essential Plan 2 with Crystal Run Health Plan (Crystal Run), both effective January 1, 2016. Your monthly premium amount was stated as \$30.70 on the enrollment notice.

On February 16, 2016, NYSOH issued a cancellation notice stating that your coverage in your Essential Plan 2 was cancelled effective January 1, 2016, because premium payments had not been received.

On February 26, 2016, you spoke with NYSOH's Account Review Unit and appealed being cancelled from your Essential Plan 2 insofar as you timely made payments and the cancellation was a result of a system glitch between your plan and NYSOH.

On August 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeal Unit. The record was developed during the hearing and was closed at the end of the hearing.

A review of the record supports the following findings of fact:

- 1) You testified that you received the December 15, 2015 eligibility determination and enrollment notices and paid your first month's premium so that your health insurance coverage could begin January 1, 2016.

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- 2) You provided documentary proof of timely premium payments for your Essential Plan coverage as follows:

Check 726, dated 12/30/15, in the amount of \$30.70, which was deposited by Crystal Run on 1/5/16 as payment of your January 2016 premium;

MasterCard Transaction Record showing a transaction was approved for \$30.70 on 2/2/16 as payment of your February 2016 premium; and

MasterCard Transaction Record showing a transaction was approved for \$30.70 on 2/22/16 as payment of your March 2016 premium.

- 3) You testified that a manager at Crystal Run assured you that you had health insurance coverage for those three months and the cancellation was a result of a glitch in the transaction system that they could not fix.
- 4) According to your NYSOH account and your testimony, NYSOH is still showing your health plan coverage was cancelled effective January 1, 2016, such that you did not have health insurance coverage for January 2016, February 2016, and March 2016.
- 5) You testified that you had numerous telephone conversations with NYSOH and Crystal Run representatives in an effort to get your health plan coverage reinstated to no avail.
- 6) You testified that Crystal Run has not provided you with a certificate of insurance, although you requested one, to show you had health insurance coverage for those three months.
- 7) You also testified that Crystal Run has not refunded your premium payments for those three months.
- 8) According to notes regarding reinstatement of your coverage, NYS Department of Health's Plan Management Unit obtained Crystal Run's agreement to reinstate coverage and Crystal Run was to send a transaction to that effect to NYSOH. No changes to your NYSOH account have been made to reinstate your coverage as of the hearing date.

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).

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NYSOH issued a notice stating that your insurance coverage could begin as early as January 1, 2016 if you pay your first month's premium. The record reflects that you timely paid your monthly premiums for coverage to start as of January 1, 2016 and to continue through February 2016 and March 2016, although NYSOH issued a February 16, 2016 cancellation notice indicating you were cancelled for nonpayment of premium as of January 1, 2016. You are seeking to have your Essential Plan 2 policy with Crystal Run reinstated as of January 1, 2016 through March 31, 2016, and for proper notice to this effect to be issued and your NYSOH account to be corrected to reflect reinstatement has been effectuated.

NYSOH's Appeals Unit does not have the authority to direct nor facilitate reinstatement of health plan coverage. That authority lies with the health plan company, Crystal Run. 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 facilitate reinstatement of your health plan coverage for the period of January 1, 2016 through March 31, 2016, and to ensure that you receive proper notice of reinstatement from Crystal Run and your NYSOH account is corrected to reflect that reinstatement of coverage in your Essential Plan 2 has been effectuated.

How does this Dismissal Affect Your Eligibility

This decision does not affect your eligibility for health insurance through NYSOH.

Your case will be referred to the Department of Health's Plan Management Unit to (1) facilitate reinstatement of your health plan coverage for the period of January 1, 2016 through March 31, 2016; (2) to ensure that you receive proper notice of reinstatement from Crystal Run; and (3) to ensure that your NYSOH account is corrected to reflect that reinstatement of coverage in your Essential Plan 2 has been effectuated.

You will be notified accordingly.

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, NYSOH's Appeals Unit will review your request and send you a decision on that request.

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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 Code of Federal Regulation 45 CFR § 155.530.

A Copy of this Decision Has Been Provided To:



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