



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

## NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: September 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008000

[REDACTED]

Dear [REDACTED],

On January 20, 2016, NY State of Health (NYSOH) issued a cancellation notice informing you that your catastrophic plan coverage was cancelled effective January 1, 2016, because you did not pay your premium responsibility within the required timeframe in order for your coverage to start.

Your spouse, acting as your authorized representative, testified at the hearing on September 26, 2016, that Emblem Health had reinstated your coverage as of January 1, 2016 because your cancellation due to nonpayment of premium was not your fault. This is reflected in the Appeal Summary prepared by NYSOH [REDACTED]. He further testified that an additional cancellation occurred as of March 1, 2016 for nonpayment of premium, which was again due to the health plan's failure to issue a premium invoice for March 2016.

The record reflects that your March 14, 2016 updated application resulted in a verbal denial of a special enrollment period to select a health plan outside the open enrollment period. This denial was confirmed in an eligibility redetermination notice issued March 15, 2016 and your appeal of March 17, 2016 ensued.

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).

Your authorized representative further testified that, during a three-way call with Emblem Health, himself, and NYSOH, that Emblem Health agreed to restore coverage as of March 1, 2016 as an “add on” provided you paid the March 2016 premium, but that NYSOH would not allow it because an appeal was pending.

Finally, he testified at the hearing that you are seeking to have your coverage restored in your Emblem Health Catastrophic Plan, effective March 1, 2016, as agreed to by Emblem Health.

It is noted that an incident, [REDACTED], was filed on March 14, 2016, and was closed on March 15, 2016 as a health plan/billing issue and the “[c]onsumer was requesting reinstatement...[and] was informed to call the health plan” ([REDACTED]).

## **Why Your Appeal Request Is Not Valid**

An applicant has the right to appeal to NYSOH’s Appeals Unit: (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 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Your appeal was requested to dispute your inability to have your coverage reinstated with Emblem Health as of March 1, 2016, because a pending appeal was blocking reinstatement. As the underlying issues relate to nonpayment of premiums and health plan reinstatement, which are contractual issues between you and the insurer and not an issue that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal.

However, this issue is now moot, as the Department of Health’s Plan Management Unit confirmed with Emblem Health that it is willing to reinstate your spouse’s coverage as of February 1, 2016 through July 31, 2016, provided premium payment of \$1,369.26 is made. On September 29, 2016, the Hearing Officer contacted your authorized representative and he agreed to those terms. He was directed to contact the Department of Health’s Plan Management Unit to facilitate reinstatement of your coverage.

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## **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.

Plan Management will assist your spouse in facilitating reinstatement of your coverage from February 1, 2016 through July 31, 2016, providing premium payment is made.

## **If You Think Your Appeal Should Not Be Dismissed**

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. In that writing, you must explain why you think this dismissal should be vacated and if your issue differs from the one discussed above.

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.

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 NYSOH.

## **Appeal Identification Number**

When communicating with NYSOH about this appeal, please reference Appeal Identification Number and the Account ID at the top of this notice.

## **How to Contact NYSOH**

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

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- By fax: 1-855-900-5557

## **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.530.

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**A Copy of this Notice of Dismissal Has Been Provided To**



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