



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010719

[REDACTED]

Dear [REDACTED],

On July 6, 2016, you contacted NY State of Health (NYSOH) after it had investigated your claim of misapplication of premium payments by UnitedHealthcare. UnitedHealthcare stated that you had paid health insurance premiums for you and your spouse from January 1, 2015 to July 31, 2015.

You appealed this resolution insofar as you are claiming that UnitedHealthcare misapplied your premium payments causing you and your spouse to be without coverage for the months of July 2015 through December 2015.

Your request for an appeal was filed on July 6, 2016, and a hearing was conducted on February 6, 2017, at which you and your broker testified to these facts.

According to your NYSOH account, you and your spouse had health insurance coverage with UnitedHealthcare through NYSOH as of January 1, 2015.

You testified, and submitted documentation to show, that you paid your health insurance premiums for the months of January 2015 and February 2015.

You testified that you contacted UnitedHealthcare in March 2015 after seeing an overdue balance on your UnitedHealthCare account even though you had paid the insurance premium for both January 2015 and February 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: 1-877-662-4886).

You testified that UnitedHealthcare ensured you that they were looking into the discrepancy and no one ever got back to you.

You testified that in you next contacted UnitedHealthcare in May 2015 and you were told by a UnitedHealthcare representative that your and your spouse's insurance coverage with UnitedHealthcare had been terminated as of January 31, 2015 for nonpayment of premiums.

You testified that you contacted UnitedHealthcare again in July 2015 after being terminated for "non-payment" of premiums and were told that you did not have to pay health insurance premiums for coverage that you and your spouse were unable to access from March 1, 2015 to June 30, 2015. However, you were told that you would need to contact NYOSH to reinstate your and your spouse's health insurance coverage for July 2015 or August 2015.

According to your NYSOH account and your testimony, you and your spouse were re-enrolled in health insurance coverage with UnitedHealthcare as of July 1, 2015.

You testified that you relied upon this information and made premium payments starting in August 2015 for insurance coverage from July 1, 2015 to December 31, 2015.

You provided documentary proof of premium payments made from your credit card on August 12, 2015, August 19, 2015, September 16, 2015, October 1, 2015, and November 10, 2015, and December 7, 2015 for health insurance coverage effective July 1, 2015 through December 31, 2015.

You testified that your premium payments were misapplied by UnitedHealthcare, and, as a result, you and your spouse were disenrolled from your qualified health plan for nonpayment of premium, effective August 1, 2015.

NYOSH stated in the notes from [REDACTED]", that [REDACTED] was receive from UnitedHealthcare on February 25, 2016 to cancel coverage back to July 31, 2015 for non-payment of premiums.

You testified that you contacted UnitedHealthcare on several occasions and it was finally determined that your premium payments for health insurance coverage had been applied to the wrong months. You testified that your premium payments were supposed to be applied for the months of July 2015, August 2015, September 2015, October 2015, November 2015, and December 2015. However, UnitedHealthcare determined that that your premium payments were applied to February 2015, March 2015, April 2015, May 2015, June 2015, and July 2015.

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According to your NYSOH account, complaints filed with NYSOH were closed as billing issues between you and the insurance carrier.

You testified that you received routine medical care in November 2015 and UnitedHealthcare did not pay your medical claims.

You and your broker also testified that the billing issue with UnitedHealthcare has not yet been resolved by UnitedHealthcare, and you have medical claims from November 2015 that you need to have paid.

You testified that you filed an appeal because you have unpaid medical bills for medical services you received from November 2015.

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 the misapplication of premium payments to the months of February 2015 through June 2015 that you intended to be applied to the months of July 2015 to December 2015. This issue relates to payment of premiums which is not an issue that the NY State of Health Appeals Unit is authorized to address. Therefore, we must dismiss your appeal.

However, it is clear from the record that you made premium payments to UnitedHealthcare for health insurance coverage that were intended for the period of July 2015 through December 2015. Therefore, we are referring your case to Plan Management to further investigate and to follow up with UnitedHealthcare to see what must be done to resolve this matter.

In addition, since the issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and/or premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

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How does this Dismissal Affect Your Eligibility?

This decision does not change your and your spouse's current enrollment in an Essential Plan, or the monthly premium amount that you pay for your health plan.

It does return your case to Plan Management to further investigate the issue.

You may also choose to pursue additional options, such as through your qualified health plan or through the NY Department of Financial Services.

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
- 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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Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

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বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bεtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

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Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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