



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: February 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011384

[REDACTED]

Dear [REDACTED]

On July 16, 2016, NY State of Health (NYSOH) prepared an eligibility determination and found you eligible to enroll in a full price qualified health plan, effective August 1, 2016. Although you were found eligible for a special enrollment period, you testified you were unable to enroll in a health plan of your choice.

On August 10, 2016, you appealed the denial of a special enrollment period.

On December 19, 2016, NYSOH issued a Notice of Hearing stating that your hearing was scheduled for January 13, 2017 at 10:00 a.m.

On January 13, 2017, during your telephone hearing with a Hearing Officer from NYSOH's Appeals Unit, you amended your appeal to request that your status as a "non-payer" be removed so that you could enroll your family in a specific qualified health plan. You stated that you did not need a special enrollment period because you were actually granted one by NYSOH. The Hearing Officer granted the request to amend your appeal to the sole issue of having your status as a "non-payer" removed.

You testified at the hearing on January 13, 2017 that you failed to pay your January 2016 through March 2016 premiums because you enrolled in health

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insurance outside of NYSOH's Marketplace. You also testified that you failed to notify the health plan that you were not taking the policy you were automatically enrolled in through NYSOH and, as a result, your family was cancelled for nonpayment of premium, effective January 1, 2016.

You further testified that, although you were approved for the Essential Plan, you were not happy with the coverage and wanted to be able to enroll in a full price qualified health plan. You stated that the health plan refused to take you off their records as a non-payer and would not allow you and your family to be reinstated in your qualified health plan until you paid your past due premiums.

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 amended on January 13, 2017 to dispute your inability to re-enroll in a specific qualified health plan until you paid your past due premiums so your non-payer status could be removed. This was the sole issue you wanted to appeal.

The issues of whether you owe past premiums to your health plan or whether the health plan allows you to re-enroll in health coverage prior to receiving payment of past due premiums is contractual in nature as between you and your health plan. Since the NYSOH Appeals Unit is not given the authority to review a request for whether you were improperly billed by the health plan or whether you made your payments to a health plan, we cannot reach the merits as to whether your enrollment in your full price qualified health plan was properly denied for non-payment of premium. Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility?

This decision does not change yours and your spouse's current eligibility for the Essential Plan or your children's current eligibility for Child Health Plus.

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You may have additional options outside of the Appeals Unit of New York State of Health, such as through your plan or through the 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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