



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: February 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013425

[REDACTED]

Dear [REDACTED],

On January 13, 2016, NY State of Health (NYSOH) issued an enrollment confirmation notice stating that you and your spouse were enrolled in a platinum level qualified health plan, effective January 1, 2016 and your three daughters were enrolled in a Child Health Plus plan, effective February 1, 2016.

On June 22, 2016 NYSOH issued an eligibility determination notice stating that your oldest daughter was newly eligible to purchase a qualified health plan at full cost, effective August 1, 2016. The notice stated that she no longer qualified for Child Health Plus because she would turn 19 on [REDACTED] and Child Health Plus is only available to children who are 18 years of age or younger.

Also on June 22, 2016 NYSOH issued a disenrollment notice stating your oldest daughter's Child Health Plus plan would end effective July 31, 2016 because she was no longer eligible to remain enrolled in her current health plan.

You testified that in July you called either NYSOH or the Child Health Plus plan and requested your oldest daughter be added to your and your spouse's qualified health plan.

On July 26, 2016 an NYSOH representative added your oldest daughter to your qualified health plan.

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).

On July 27, 2016 an enrollment confirmation notice was issued stating that you, your spouse, and your oldest daughter were enrolled in a platinum level qualified health plan.

You testified that shortly after your daughter had been added to your qualified health plan, you found out that she was eligible to enroll in health insurance through her college. You testified that you contacted your insurance broker and requested that her coverage through NYSOH be terminated. There is no indication in the record that either you or your broker contacted NYSOH to request this termination.

On October 11, 2016 NYSOH issued a disenrollment notice stating that you, your spouse, and your oldest daughter's coverage through the platinum level qualified health plan was terminated as of August 31, 2016 because a premium payment had not been received by the insurance provider.

On November 21, 2016 you contacted NYSOH and filed an appeal insofar as you and your spouse were disenrolled from your qualified health plan.

During the hearing, you testified that you are seeking reinstatement in your qualified health plan for yourself and your spouse for the months of September and October 2016. You testified that your oldest daughter was not supposed to have coverage through the qualified health plan because you were informed by your broker that she had been taken out of that plan as per your request at the end of July. You further testified that when you paid the premium for yourself and your spouse's coverage in August, the billing amount that was showing on your online account was only for your and your spouse's coverage. You also testified that you continued to make payments to your qualified health plan for the months of September and October but as of the date of the hearing you do not believe you have received those payments back.

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)).

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Your appeal was originally requested to dispute your and your spouse's disenrollment for non-payment of premium. 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, your case is RETURNED to Plan Management to investigate whether or not your qualified health plan billed you the improper premium amount in August and September 2016 which resulted in your and your spouse's disenrollment as well as to see if your qualified health plan owes you a reimbursement for premiums paid in August, September, and October 2016.

How does this Dismissal Affect Your Eligibility?

This decision does not change your or your spouse's current eligibility for or enrollment in a qualified health plan.

Your case is sent back to Plan Management to investigate whether or not your qualified health plan billed you the improper premium amount in August and September 2016 which resulted in your and your spouse's disenrollment as well as to see if your qualified health plan owes you a reimbursement for premiums paid in August, September, and October 2016.

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.

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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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