



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: December 05, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022704

[REDACTED]

Dear [REDACTED],

On January 31, 2017, NY State of Health (NYSOH) issued an enrollment notice confirming that as of January 30, 2017, you were enrolled in a Bronze-Level Fidelis Care (Fidelis Care) qualified health plan (QHP) with an enrollment start date of March 1, 2017.

On May 23, 2017, NYSOH issued an enrollment notice confirming that as of May 22, 2017, you were enrolled in a Fidelis Care QHP with an enrollment start date of February 1, 2017.

On June 18, 2017, NYSOH issued a renewal notice stating that based on the information from federal and state sources, NYSOH was unable to determine if you qualified for financial assistance. The notice instructed you to update your account by July 15, 2017, or the financial assistance you were receiving may end.

On July 16, 2017, your account was systemically updated.

On July 17, 2017, NYSOH issued an eligibility determination notice stating that you were newly eligible to purchase a QHP at full cost effective as of August 1, 2017. The notice stated that you were ineligible for financial assistance because you did not complete your renewal within the required timeframe.

On September 16, 2017, your account was updated.

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 September 17, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your current household income by October 1, 2017, to confirm your eligibility.

Also on September 17, 2017, NYSOH issued a disenrollment notice stating that your QHP coverage would end as of October 31, 2017.

On September 22, 2017, you contacted NYSOH regarding your QHP coverage. You submitted a complaint (Tracking #: [REDACTED]) and requested an appeal insofar as the termination of your QHP coverage as of July 31, 2017.

On November 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified that Fidelis Care improperly applied your August 2017 premium payment toward the February 2017 monthly premium. Further, you testified that Fidelis Care issued you a termination notice because they did not receive your August 2017 premium payment. The Hearing Officer left the record open to allow you to submit a copy of the termination letter issued by Fidelis Care.

On November 28, 2017, you faxed three pages of documentation to NYSOH's Appeals Unit. You submitted a letter from Fidelis Care, dated September 13, 2017, stating that your August 2017 premium payment had not been received. Therefore, under the terms of your enrollment, you would be disenrolled from the plan as of July 31, 2017, for nonpayment of premiums.

You testified that you want your QHP to be reinstated for the months of August 2017 and September 2017. On September 17, 2017, NYSOH issued a disenrollment notice stating that your QHP coverage would end as of October 31, 2017 (see Document [REDACTED]); however, your NYSOH account and the termination letter from Fidelis Care reflect that your QHP coverage ended on July 31, 2017.

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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), 45 CFR § 155.420(d)).

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You testified that you want your QHP coverage reinstated for the months of August 2017 and September 2017 because Fidelis Care improperly terminated your coverage for nonpayment of premiums. NYSOH's Appeals Unit does not have the authority to review the termination of enrollment due to nonpayment of premiums. We are unable to evaluate the merits as to whether you were properly terminated from your health plan for nonpayment of premiums as of July 31, 2017. Therefore, your appeal is DISMISSED.

On September 17, 2017, NYSOH issued a disenrollment notice stating that your QHP coverage would end as of October 31, 2017 (see Document [REDACTED]); however, your NYSOH account and termination letter from Fidelis Care reflect that your QHP coverage ended on July 31, 2017. Therefore, your case is RETURNED to NYSOH's Plan Management Unit to investigate the proper termination date of your health insurance coverage. You shall be notified of the results of this investigation.

Fidelis Care may be able to help you with your request for coverage. If you have not already been assisted with your current coverage issue, please contact 1-888-343-3547.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and 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>.

How does this Dismissal Affect Your Eligibility?

This Decision does not affect your eligibility for financial assistance or health insurance coverage.

Your case has been returned to NYSOH's Plan Management Unit to investigate the proper termination date your health insurance coverage. You shall be notified of the results of this investigation.

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.

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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。我们可以为您免费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.

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).

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 مجاناً.

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.

Twí (Twi)

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

اردو (Urdu)

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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