



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025782

[REDACTED]

Dear [REDACTED],

On February 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's alleged termination of coverage for you and your spouse, due to a purported failure to pay premiums.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
PO Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545(b).

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).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: March 13, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025782

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Does NY State of Health (NYSOH) Appeals Unit have the authority to review a termination of coverage for a purported non-payment of premiums?

Procedural History

On May 20, 2017, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan (QHP) at full cost, effective July 1, 2017.

Also on May 20, 2017, NYSOH issued an enrollment notice confirming you and your spouse's enrollment in a bronze-level plan as of May 19, 2017. The notice confirmed that your household's coverage began as of January 1, 2017, with a monthly premium of \$799.18.

On December 14, 2017, you spoke to NYSOH's Account Review Unit and appealed the termination of you and your spouse's bronze-level QHP coverage as of September 30, 2017, and that you were seeking reinstatement of coverage during the months of October, November and December 2017.

On January 3, 2018, NYSOH received a letter from you reflecting your transcription of a voicemail received from a Fidelis Care representative on November 1, 2017.

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 February 20, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing, in which you provided to NYSOH Appeals Unit through your NYSOH account copies of (1) a screenshot of your Transaction History with the plan issuer, Fidelis Care, between November 1, 2017 and February 11, 2018, and (2) a letter issued by Fidelis Care, dated November 13, 2017, stating that you and your spouse's bronze-level QHP coverage was terminated for non-payment of premiums. The record was closed at the end of the hearing.

Findings of Fact

A review of the record support the following findings of fact:

- 1) You and your spouse's coverage under the Fidelis Care bronze-level QHP began effective January 1, 2017.
- 2) You testified that you and your spouse's Fidelis Care bronze-level QHP coverage ended effective September 30, 2017.
- 3) You testified that you realized that you were getting close to the deadline for making your premium payment for coverage during the month of October 2017, so you made a credit card payment to Fidelis Care consisting of two months' worth of premiums, or \$1,598.36. You further testified that this payment was made on October 30, 2017.
- 4) You testified that you called a Fidelis Care representative to confirm receipt of the premium amounts and to assure you that the coverage would continue without a gap in coverage.
- 5) You testified that a Fidelis Care representative contacted you on November 1, 2017, and left a voicemail indicating that the premium amount had been received and that you and your spouse's coverage was in place. On January 3, 2018, you provided an alleged transcription of this voicemail message.
- 6) You testified that you later learned that your bronze-level QHP coverage had been terminated for non-payment of premiums, effective September 30, 2017. You further testified that you have not received a disenrollment notice from NYSOH reflecting that this action had taken place.
- 7) On February 20, 2018, you provided to NYSOH Appeals Unit a screenshot of your Transaction History with the plan issuer, Fidelis Care, between November 1, 2017 and February 11, 2018, which reflects Fidelis Care's receipt of a credit card payment in the amount of \$1,598.36 on November 1, 2017.

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- 8) On February 20, 2018, you provided to NYSOH Appeals Unit a letter issued by Fidelis Care, dated November 13, 2017, stating that you and your spouse's bronze-level QHP coverage was terminated for non-payment of premiums.
- 9) You testified that you were seeking for you and your spouse's bronze-level plan coverage with Fidelis Care to be reinstated for the months of October, November and December 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Appealable Issues

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), and 45 CFR § 155.420(d)).

Legal Analysis

The issue under review is whether the Appeals Unit of NYSOH has the authority to review the termination of coverage for a purported non-payment of premiums.

The Appeals Unit of NYSOH only has the authority to review issues related to the following: (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, and (4) a denial of a for a special enrollment period.

Because the Appeals Unit is not authorized to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether you were properly terminated for non-payment of premiums.

Therefore, your appeal of the disenrollment of you and your spouse from your bronze-level QHP as of September 30, 2017 is DISMISSED as a non-appealable issue.

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).

Because 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>

Decision

Your appeal of the disenrollment of you and your spouse from your bronze-level QHP as of September 30, 2017 is **DISMISSED** as a non-appealable issue.

Effective Date of this Decision: March 13, 2018

How this Decision Affects Your Eligibility

You and your spouse's bronze-level QHP coverage ended effective September 30, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the

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).

Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

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
PO Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your appeal of the disenrollment of you and your spouse from your bronze-level QHP as of September 30, 2017 is **DISMISSED** as a non-appealable issue.

You and your spouse's bronze-level QHP coverage ended effective September 30, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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).

A Copy of this Decision Has Been Provided To:



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। यदि आपको इसका सामंजस्य करने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा में एक निःशुल्क व्याख्याता प्रदान कर 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 एक महत्वपूर्ण दस्तावेज हो। यदि तपाईं यसको सामंजस्य गर्न सहायता चाहिए, तब 1-855-355-5777 को नम्बरमा फोन गर्नुहोस्। हामी तपाईंको भाषामा नि:शुल्क व्याख्याता प्रदान गर्न 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&etumi ama wo obi a okyerε 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۔

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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