



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

NOTICE OF DENIAL OF A REQUEST TO VACATE A DISMISSAL

Notice Date: October 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000004182



Dear [REDACTED]

The Appeals Unit is in receipt of your June 28, 2016 letter requesting that the June 10, 2016 dismissal of your appeal be vacated.

This request has been denied based on the following reason:

The Appeals Unit is not authorized to hear appeals of health plan premium or payment disputes.

Applicable Law and Regulations

Appealable Issues

Federal regulations limit the types of issues that are appealable to the NY State of Health (NYSOH) Appeals Unit to the following:

- Determinations on eligibility to purchase health plan coverage through NYSOH.
- Determinations on eligibility for premium tax credits to help pay for health plan coverage.

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).

- Determination on how much premium assistance has been approved.
- Determination on eligibility for Medicaid, Essential Plan or Child Health Plus.
- Determinations on eligibility for premium assistance to help pay for Child Health Plus coverage for children who are eligible for this program.
- Determination on eligibility for premium assistance to help pay for Essential Plan coverage for consumers who are eligible for this program.
- Determination on a denial of eligibility for a special enrollment period to purchase health insurance outside of the open enrollment period.
- Delayed eligibility determination by the Marketplace

(45 CFR § 155.505).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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.

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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.

A Copy of this Notice of Dismissal Has Been Provided To



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