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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: December 15, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000010041

[redacted]

Dear [redacted],

The record reflects that your youngest child was born on [redacted]. The record further reflects that you updated your NYSOH account to apply for health insurance for your youngest child on May 27, 2016.

On May 28, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your youngest child was eligible to enroll in a Child Health Plus plan with a $45.00 per month premium, effective July 1, 2016. You appealed that determination.

Also on May 28, 2016, NYSOH issued an enrollment notice confirming your enrollment on May 27, 2016 of your youngest child, in a Child Health Plus plan with a $45.00 per month premium, effective July 1, 2016.

On June 1, 2016 you uploaded a written request for an appeal. In that document, you stated that you were appealing the determination by the New York State Child Health Plus Program and/or The New York State of Health that the monthly premium for your children's Child Health Plus coverage exceeded the maximum monthly premium level for a household of your size and income level. You stated in the document that the resolution you were seeking was (1) that all of your children be enrolled into one system seamlessly (2) there is no lapse in your children's coverage, (3) that you are not required to pay more than the maximum monthly premium, (4) reimbursement of all payments that are made to date in

excess of the monthly family premium, and (5) any other relief or compensation for the time, effort and distress that you have incurred in attempts to resolve this matter.

You testified at the hearing on December 8, 2016 that your oldest four children are enrolled in a Child Health Plus plan directly with Empire BlueCross BlueShield. You testified that your oldest four children all have a $45.00 premium, but are subject to the cap of $135.00.

You testified that when you spoke with NYSOH, you were advised that you could either leave your four older children enrolled directly through Empire BlueCross BlueShield and continue to pay a $45.00 premium for your youngest child, or enroll all five of your children through NYSOH.

You testified at the hearing on December 8, 2016 that you are seeking to have the Child Health Plus premium for all your children capped at $135.00. You testified that it does not matter to you how this is accomplished, whether by eliminating your youngest child's monthly Child Health Plus premium, or by enrolling all five of your children through NYSOH so long as there is no lapse in your children's coverage while their enrollment is being transferred to NYSOH.

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 requested to dispute whether your children are subject to the $135.00 Child Health Plus premium cap. This issue relates to Child Health Plus premiums for children who are not enrolled through NYSOH. As such, this is an issue which the NY State of Health Appeals Unit is not authorized to address. Therefore, we must dismiss your appeal.

However, it is clear from the record that you would be amenable to enrolling all five of your children through NYSOH, so long as there is no lapse in their coverage, which may result in a determination that your children are subject to the Child Health Plus premium cap. Therefore, we are RETURNING your case

to NYSOH's Plan Management Unit to assist in enrolling your four older children through NYSOH so as to avoid any lapses in coverage.

How does this Dismissal Affect Your Eligibility?

This decision does not change your youngest child's current eligibility for or enrollment in a Child Health Plus plan, or the monthly premium amount that you pay for her Child Health Plus plan.

It does return your case to NYSOH's Plan Management Unit to assist in enrolling your four older children through NYSOH so as to avoid any lapses in coverage.

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:

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).

- 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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