



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

## Denial of Request to Vacate Dismissal

Notice Date: August 17, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010109  
Your Client: [REDACTED]

[REDACTED]

Dear [REDACTED],

The Appeals Unit is in receipt of your letter of July 25, 2016 regarding the dismissal of your client's appeal as an invalid appeal request.

An applicant has the right to appeal to NY State of Health'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 client's appeal was based on an alleged failure of NY State of Health to find him eligible for retroactive Medicaid coverage.

Although, as you correctly point out, the Appeals Unit has potential jurisdiction over any eligibility determination or redetermination, no such eligibility determination was issued; there is currently nothing for the Appeals Unit to review.

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: 1-877-622-4886).

Further, although the Appeals Unit can also review failures of NY State of Health to provide timely notices of eligibility determination, in the present case the reason there is no eligibility determination regarding retroactive Medicaid coverage is because the application submitted on behalf of your client on March 7, 2016 specifically declined assistance in paying for medical bills for the previous three months.

Finally, if there was an objection to the March 9, 2016 notice of eligibility determination, an appeal should have been filed within 60 days of the date of the notice of eligibility determination (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

For an appeal to have been timely on the March 9, 2016 notice of eligibility determination, it should have been filed by May 9, 2016. According to our records, your client did not contact NY State of Health until June 6, 2016, well beyond 60 days from the March 9, 2016 eligibility determination notice.

## **How does this Affect My Eligibility?**

The Appeals Unit of NY State of Health will not vacate the dismissal of your appeal.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number and Account ID at the top of this notice.

## **How to Contact NY State of Health**

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

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: 1-877-622-4886).

## **Legal Authority**

We are sending you this notice in accordance with 45 Code of Federal Regulations § 155.530.

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**A Copy of this Notice of Dismissal Has Been Provided To:**



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