



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: March 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010394

[REDACTED]

Dear [REDACTED]

On July 17, 2014 NY State of Health (NYSOH) issued an eligibility determination stating that you and your spouse were temporarily eligible for advance payments of the premium tax credit in the amount of \$569.00 per month, as well as cost-sharing reductions. The notice requested that you provide documentation regarding you and your spouse's citizenship to NYSOH within 90 days or you and your spouse might lose your eligibility to enroll in a health insurance plan.

Also, on July 17, 2014 NYSOH issued an enrollment confirmation notice stating that you and your spouse had enrolled in a silver level qualified health plan.

On November 3, 2014 NY State of Health issued an eligibility determination notice stating that you and your spouse were not eligible for Medicaid, Child Health Plus or to receive tax credits or cost sharing reductions because you failed to provide documentation of citizenship status for you and your spouse.

Also, on November 3, 2014 NYSOH issued a disenrollment notice stating that you and your spouse's health coverage would end effective November 30, 2014.

On June 21, 2016, you appealed the November 3, 2014 eligibility determination notice regarding eligibility for coverage for you and your spouse for December 2014 and all of 2015.

Why Your Appeal Request Is Not Valid

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

For an appeal to have been valid on the issue of you and your spouse's eligibility for coverage during December 2014 and 2015, as addressed in the November 3, 2014 notice, an appeal should have been filed by January 3, 2015. According to the credible evidence in the record a formal appeal was not filed until June 21, 2016. This date is well beyond 60 days from the November 3, 2014 eligibility determination notice.

Therefore, there has been no valid timely appeal of the November 3, 2014 eligibility determination notice and your appeal on the issue of you and your spouse's eligibility for coverage during December 2014 and 2015 as stated in that notice is **DISMISSED**.

How does this Dismissal Affect Your Eligibility?

This decision does not change you or your spouse's current eligibility for or enrollment in a qualified health plan, or the monthly premium amount that you pay for your health plan.

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.

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.

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).

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number 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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