



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: January 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011467

[REDACTED]

On April 29, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that NYSOH received your request on April 28, 2016, for help with paying medical bills for past months for your child. The notice stated that your request for help paying medical bills for February 1, 2016 through February 29, 2016 was denied.

The record indicates on August 16, 2016, you requested to appeal your child's eligibility for help paying medical bills for February 1, 2016 through February 29, 2016.

Why Your Appeal Request Is Not Valid

Applicants and enrollees must request a hearing within sixty (60) days from 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 retroactive health insurance coverage, as addressed in the April 29, 2016 eligibility determination notice, an appeal should have been filed by June 28, 2016. According to the credible evidence in the record, you did not contact NYSOH until August 16, 2016, to file a complaint and a formal appeal. This date exceeds the 60 days from the April 29, 2016 eligibility determination notice.

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).

Therefore, your appeal request of the April 29, 2016 eligibility determination notice was not timely, and your appeal on the issue of retroactive health insurance coverage as stated in the April 29, 2016 notice is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your child's eligibility for or enrollment in health insurance through NYSOH.

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.

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

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).

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.530.

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 Notice of Dismissal Has Been Provided To



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).