



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: March 15, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012536

[REDACTED]

Dear [REDACTED]

On December 16, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your four children were conditionally eligible for Child Health Plus coverage, effective January 1, 2016.

On December 30, 2015, NYSOH issued a notice of enrollment confirmation stating that your four children were enrolled in a Child Health Plus plan with United Healthcare with a start date of January 1, 2016.

On September 7, 2016, (NYSOH) issued a notice which redetermined your eligibility, stating that your four children were eligible for Child Health Plus coverage, effective October 1, 2016. You appealed that determination.

You testified at the hearing on February 1, 2017, which was based on your October 13, 2016 appeal request, that all four of your children are currently enrolled in a Child Health Plus plan with United Healthcare. You testified that your youngest son requires a surgical procedure, and the available medical provider to perform this procedure only accepts Child Health Plus Fidelis health insurance coverage. You testified that one of your other children requires specialized medical treatment from your current provider (United Healthcare) and that current provider does not accept Child Health Plus Fidelis coverage. Therefore, you testified that you are unable to enroll all of your four children in a Child Health Plus Fidelis plan.

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).

You testified that you filed an appeal because you were unable to enroll one of your children into a Child Health Plus plan for coverage with Fidelis, while your other three children remain enrolled in Child Health Plus plan with coverage from United Healthcare.

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 your inability to obtain coverage for one of your children in a Child Health Plus plan with Fidelis, while your other three children remain enrolled in a Child Health Plus plan with United Healthcare. This issue does not relate to eligibility, but rather to how your children's eligibility for and enrollment in a CHP plan is administered, which is outside the scope of review for the Appeals Unit of NYSOH.

Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility?

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

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. Your case will be forwarded to the Plan Management unit for review.

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

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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:

- 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.

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A Copy of this Notice of Dismissal Has Been Provided To



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