



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013010

[REDACTED]

Dear [REDACTED]

On October 11, 2016, NY State of Health (NYSOH) issued a disenrollment notice stating your spouse was disenrolled from his qualified health plan effective July 31, 2016. The notice stated this was because premium payments were not received by your health plan. You appealed that determination.

You testified at the hearing on February 10, 2017, which was based on your November 1, 2016 appeal request, that after being granted a special enrollment period your spouse was enrolled in a qualified health plan on August 17, 2016 for an effective date of March 1, 2016. You were told that you needed to contact your health plan to arrange payments for the backdated coverage.

You testified you did contact your health plan, but asked that the back payments be made in installments, but you did not receive an answer from the health plan.

You testified that you filed an appeal because your health plan would not reinstate your spouse's coverage. You testified you did make back payments of approximately \$1,400.00, but were told that your health plan did not accept the reinstatement request. You are no longer seeking that his enrollment be reinstated effective August 1, 2016 as the year has passed.

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 originally requested to dispute your spouse's disenrollment for non-payment of premium. This issue relates to payment of premiums which is not an issue that the NY State of Health Appeals Unit is authorized to address. Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility?

This decision does not change 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.

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.

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 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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