



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 Number: [REDACTED]
Appeal Identification Number: AP000000013144

[REDACTED]

Dear [REDACTED]

On September 23, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your child was eligible for Child Health Plus at full cost, effective November 1, 2016. You appealed that determination.

On September 23, 2016, an enrollment confirmation notice was issued confirming your child's enrollment in a Child Health Plus plan for a cost of \$158.94 per month effective November 1, 2016.

You filed an appeal with NY State of Health's Account Review Unit on November 8, 2016.

You testified at your Hearing on February 10, 2017, which was based on your November 8, 2016 appeal request, that instead of being charged \$158.94 per month for your child's Child Health Plus plan for November, you were charged \$170.34.

An incident filed on November 8, 2016 states a NYSOH representative reviewed with you that effective September 1, 2016, the new full pay Child Health Plus rate for residents in Onondaga County enrolled in your child's health plan had increased from \$158.94 to \$170.34.

You testified that you filed an appeal because you believe the premium responsibility stated to you in the September 23, 2016 enrollment confirmation

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).

notice should be honored, and not the increased premium cost requested by your health plan.

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 the Child Health Plus premium amount charged by your health plan, and not your child's eligibility for Child Health Plus, or the start date of her Child Health Plus plan. This issue relates to the cost of premiums for full rate premiums decided upon by your health plan, 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 child's current eligibility for or enrollment in a Child Health Plus plan, or the monthly premium amount that you pay for her 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.

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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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