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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: November 14, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020530

Dear [redacted]

On December 17, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating you and your spouse were eligible to share in an advance payment of the premium tax credit of up to $521.00 per month.

The record indicates the following: (1) you are appealing your and your spouse's eligibility for financial assistance (2) on July 14, 2017, a complaint was filed regarding your and your spouse's financial assistance (3) on July 14, 2017, a formal appeal was filed regarding your and your spouse's financial assistance.

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 your and your spouse's financial assistance, as addressed in the December 17, 2016 notice, an appeal should have been filed by February 15, 2017. According to the credible evidence in the record, you did not contact NYSOH until July 14, 2017 to file a formal complaint and a formal appeal was not filed until that same day. This date is well beyond 60 days from the December 17, 2016 eligibility determination notice.

Therefore, there has been no valid timely appeal of the December 17, 2016 eligibility determination and your appeal on the issue of your financial assistance as stated in that notice is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility for or enrollment in Medicaid.

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

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

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