



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020534

[REDACTED]

Dear [REDACTED]

On June 24, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating your son was eligible to enroll in the Essential Plan, effective August 1, 2016.

On June 30, 2016, NYSOH issued an enrollment notice confirming your son's enrollment in an Essential Plan, effective August 1, 2016.

On July 6, 2016, NYSOH issued a notice stating your son's eligibility for coverage through NYSOH would end July 31, 2016. The notice stated this was because sources show he was receiving Third Party Health Insurance.

Also on July 6, 2016, NYSOH issued a disenrollment notice stating your son's coverage with the Essential Plan would end effective August 1, 2016 because he has other full benefit health insurance.

On July 7, 2016, NYSOH issued a notice stating your son was no longer qualified to enroll in coverage with NYSOH. The notice stated this was because sources show he was receiving Third Party Health Insurance.

On July 16, 2016, NYSOH issued an eligibility determination notice stating your son was eligible to enroll in the Essential Plan, effective August 1, 2016.

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).

On July 29, 2016, NYSOH issued a notice of enrollment confirming your son's enrollment in an Essential Plan on July 28, 2016, for an effective date of September 1, 2016.

On July 15, 2017, NYSOH's Account Review Unit received a request to appeal your son's disenrollment from his Essential Plan for the month of August 2016.

On October 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

The record indicates the following (1) you are appealing your son's disenrollment from his Essential Plan for the month of August 2016, (2) on July 15, 2017 a complaint was filed regarding your son's disenrollment from his Essential Plan and resulting gap in coverage he experienced for August 2016. The request as recorded by the NYSOH representative stated "Consumer is disputing receiving a notice late about her son [REDACTED] not know her son did not have health coverage for 08/01/2016-08/31/2016. The appellant is stating she took her son [REDACTED] to the [REDACTED] on [REDACTED] and did not receive the notice until 08/06/2016 saying her (sic) will be dis-enrolled from his EP." (3) on July 15, 2017 a formal appeal was filed regarding that issue, (4) during your hearing you testified you first contacted NYSOH regarding the issue of your son's August 2016 coverage on July 15, 2017, (5) you testified you first received outstanding medical bills from your physician in June 2017 (6) you testified you did not intend for this issue to be addressed by your prior appeal request and decision in [REDACTED] (7) you testified the first time you realized your son was without health insurance for the month of August 2016 was at the doctor's appointment in August 2016.

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 son's disenrollment from his Essential Plan in August 2016, as addressed in the July 6, 2016 notices, an appeal should have been filed by September 4, 2016. According to the credible evidence in the record, you did not contact NYSOH until July 15, 2017 to file a formal complaint and formal appeal. This date is well beyond 60 days from the July 6, 2016 disenrollment notice. Furthermore, you testified that you first became aware of the issue in August 2016 when you took your son to the doctor but that you did not contact NYSOH until July 2017.

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Therefore, there has been no valid timely appeal of the July 6, 2016 eligibility determination notice and disenrollment notice and your appeal on the issue of your son's ineligibility for coverage through NYSOH effective August 1, 2016 is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your son's eligibility for the Essential Plan in the month of August 2017.

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

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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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Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

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).

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twí (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. y&b&tumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

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Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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