



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: December 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023101

[REDACTED]

Dear [REDACTED],

On June 10, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible to receive up to \$40.00 per month in advance payments of premium tax credits (APTC) and cost-sharing reductions, effective July 1, 2016.

On June 10, 2016, NYSOH issued an enrollment notice confirming your enrollment in a gold level qualified health plan with a premium responsibility of \$453.44 per month, effective July 1, 2016.

On September 7, 2016, NYSOH issued an eligibility determination notice stating you were eligible to receive APTC up to \$40.00 per month, effective October 1, 2016.

On September 7, 2016, NYSOH issued an enrollment notice confirming your enrollment in a gold level qualified health plan, effective July 1, 2016.

On October 22, 2016, NYSOH issued a renewal notice stating it was time to renew your coverage for 2017. The notice stated you were now eligible for APTC up to \$61.82 per month, as well cost-sharing reductions if you enrolled in a silver level qualified health plan, effective January 1, 2017. The notice also stated you were enrolled in your current health plan for another year.

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 November 19, 2016, NYSOH issued an enrollment notice confirming your enrollment in a gold level qualified health plan with a premium responsibility of \$540.51 per month, effective January 1, 2017.

On January 14, 2017, NYSOH issued a disenrollment notice stating you had requested to end your enrollment in a gold level qualified health plan, and that your enrollment would end January 31, 2017.

On February 4, 2017, NYSOH issued a notice stating your coverage was canceled in your gold level qualified health plan effective January 1, 2017.

On July 23, 2017, NYSOH received your updated application for financial assistance with your health insurance.

On July 24, 2017, NYSOH issued an eligibility determination notice based on your last application stating you were eligible to enroll in the Essential Plan with a \$20.00 premium per month, effective September 1, 2017.

On July 24, 2017, NYSOH issued an enrollment notice confirming your enrollment in an Essential Plan, effective September 1, 2017.

On October 4, 2017, you contacted NYSOH's Account Review Unit and appealed because you were now eligible for the Essential Plan but had previously been found eligible for APTC and would like to be reimbursed for the months in which you were not eligible for the Essential Plan.

The record indicates the following (1) you are appealing your prior years determinations for APTC, (2) you were not enrolled into a qualified health plan for the 2017 coverage year, (3) on August 9, 2017 a complaint was filed regarding the support you received from your Broker as you believe child support was added as income to your application in prior years incorrectly (4) on October 4, 2017 a formal appeal was filed regarding your previous eligibility determinations for APTC (5) you testified you are seeking to be reimbursed for premium payments made to your QHP for the year of 2016 for which you believe you should have been eligible for the Essential Plan.

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)).

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For an appeal to have been valid on the issue of your eligibility determinations finding you eligible for APTC in 2016, as addressed in the June 10, September 7, and October 22, 2016 notices, an appeal should have been filed by December 21, 2016. According to the credible evidence in the record, you did not contact NYSOH until August 9, 2017 to open a complaint regarding this issue and a formal appeal was not filed until, October 4, 2017. Both of these dates are well beyond 60 days from the June 10, September 7, and October 22, 2016 eligibility determination notices finding you eligible for APTC.

Therefore, there has been no valid timely appeal of the June 10, September 7, and October 22, 2016 eligibility determination notices and your appeal on the issue of reimbursement for prior eligibility for APTC as stated in those notices is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility for or enrollment in an Essential Plan, or the monthly premium amount that you pay for your health plan.

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.

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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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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.

العربية (Arabic)

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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. ye&etumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

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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