



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

NOTICE OF DISMISSAL – UNTIMELY AND INVALID APPEAL REQUESTS

Notice Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028736

[REDACTED]

[REDACTED]

On December 30, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your children were eligible for Child Health Plus for a limited time, effective February 1, 2017. The notice directed you to submit proof of income by February 27, 2017.

Also on December 30, 2016, NYSOH issued a plan enrollment notice stating that your children were enrolled in Child Health Plus, effective February 1, 2017.

On March 6, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus at full cost, effective April 1, 2017. Your children's eligibility was redetermined because NYSOH did not receive your income documentation by the deadline.

Also on March 6, 2017, NYSOH issued a plan enrollment notice stating that your children were enrolled in Child Health Plus at full cost, effective April 1, 2017.

On August 23, 2017, NYSOH issued an eligibility determination notice stating that your oldest child was eligible for the Essential Plan for a limited time, and your youngest child was eligible for Child Health Plus at full cost, both effective October 1, 2017.

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).

Also on August 23, 2017, NYSOH issued a disenrollment notice stating that your oldest child's enrollment in a Child Health Plus plan would end on September 30, 2017.

Also on August 23, 2017, NYSOH issued a plan enrollment notice stating that your oldest child was enrolled in the Essential Plan, effective October 1, 2017, and your youngest child was enrolled in Child Health Plus at full cost, effective April 1, 2017.

On October 24, 2017, NYSOH issued a disenrollment notice stating that your oldest child's coverage with the Essential Plan ended on October 1, 2017, because you did not pay your insurance bill by the payment deadline.

On December 2, 2017, NYSOH issued a renewal notice, requesting that you update your account between December 16, 2017 and January 18, 2018, because NYSOH could not make a decision about whether your household qualified for financial assistance based on federal and state data sources.

On January 20, 2018, NYSOH issued a discontinuance notice stating that your youngest child was no longer eligible for insurance through NYSOH because you did not respond to the renewal notice.

Also on January 21, 2018, NYSOH issued a disenrollment notice stating that your youngest child's enrollment in Child Health Plus would end on January 31, 2018.

On February 9, 2018, you spoke with NYSOH's Account Review Unit and filed an appeal insofar as you were requesting that your children's Child Health Plus coverage be terminated as of January 1, 2017.

You testified at the hearing on April 16, 2018, that you began a new job in March 2017 and no longer needed coverage through NYSOH. You further testified that a Fidelis Care certified application counselor advised you to stop paying the Child Health Plus premiums in order for your children's coverage to end. According to your testimony, you never paid a premium to your children's Child Health Plus plan.

You testified, and the record reflects, that you did not contact NYSOH to request termination of your children's Child Health Plus coverage.

You testified that you filed an appeal because the Child Health Plus plan is billing you for premium payments as of February 1, 2017.

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Why Your Appeal Requests Are 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 children's enrollment in a Child Health Plus plan, as addressed in the December 30, 2016 notice, an appeal should have been filed by February 28, 2017. According to the credible evidence in the record, you did not contact NYSOH until February 9, 2018 to file a formal complaint and a formal appeal was not filed until February 9, 2018. That date is well beyond 60 days from the December 30, 2016 eligibility determination notice.

Therefore, there has been no valid timely appeal of the December 30, 2016 eligibility determination notice and your appeal on the issue of your children's enrollment in a Child Health Plus plan as stated in that notice is **DISMISSED**.

Furthermore, 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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) 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 also disputed the premium payments based on the end date of your children's coverage, as stated in the August 23, 2017 disenrollment notice and January 20, 2018 discontinuance and disenrollment notices. This issue relates to coverage and payment of premiums which is not an issue that the Appeals Unit of NYSOH is authorized to address. Therefore, your appeal the August 23, 2017 and January 20, 2018 notices is **DISMISSED** as non-appealable.

How does this Dismissal Affect Your Eligibility?

This decision does not change your children's eligibility for or enrollment in a Child Health Plus plan, as of February 1, 2017.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your children's health plan or through the Department of Financial Services.

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If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us in writing 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.

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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)

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 مجانًا.

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।

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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.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&stumi ama wo obi a okyerE 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۔

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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