



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: August 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007468

[REDACTED]

Dear [REDACTED],

On February 26, 2015, NY State of Health (NYSOH) issued a cancellation notice stating that your daughter's Medicaid Managed Care coverage would end effective April 1, 2015.

The record indicates the following: (1) You are appealing the cancellation of your daughter's Medicaid coverage on February 26, 2015 with an effective end date of April 1, 2015, (2) On February 27, 2016, a complaint was filed regarding the February 26, 2015 cancellation of your daughter's Medicaid coverage; and (3) On February 27, 2016, a formal appeal was filed regarding the cancellation of your daughter's Medicaid coverage that was effective April 1, 2015.

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 the cancellation of your daughter's enrollment in her Medicaid Managed Care plan, as addressed in the February 26, 2015 cancellation notice, an appeal should have been filed by April 27, 2015. According to the credible evidence in the record, you did not contact

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).

NYSOH until February 27, 2016 to file a formal complaint and a formal appeal was not filed until February 27, 2016. Both of these dates are well beyond 60 days from the February 26, 2015 cancellation notice.

Therefore, there has been no valid timely appeal of the February 26, 2015 cancellation notice and your appeal on the issue of your daughter's cancellation of her Medicaid coverage as stated in that notice must be DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your daughter's current eligibility for or enrollment in Medicaid, Child Health Plus, a qualified health plan, or the monthly premium amount that you might have to pay for that 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.

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

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- 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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