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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: September 09, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000007747

[redacted]

Dear [redacted],

On May 23, 2015, NY State of Health (NYSOH) issued an eligibility determination stating in part that you were conditionally eligible for Medicaid, effective June 1, 2015, and needed to confirm your citizenship status before August 20, 2015 for your eligibility to continue.

Documentary proof of your citizenship status was not provided by August 20, 2015.

On September 4, 2016, NYSOH issued a notice that stated you still needed to provide documentary proof of your citizenship status.

Also on September 4, 2015, NYSOH issued a disenrollment notice that stated you were no longer eligible to remain in your current health plan and, therefore, your coverage in your Medicaid Managed Care (MMC) plan would end on September 30, 2015.

On October 15, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating in part that you were eligible for Medicaid as of October 1, 2015, and needed to pick a health plan.

On October 22, 2015, NYSOH issued an enrollment notice confirming that, on October 21, 2015, you selected an MMC plan with an enrollment start date of December 1, 2015.

The record, as developed, indicates that you are appealing being found eligible for Medicaid as of October 1, 2015, and having Medicaid Fee-For-Service during that month and not being enrolled in your MMC plan, which resumed with an effective date of December 1, 2015. The basis for your appeal is that you did not receive any notices and have bill(s) from medical provider(s) for treatment you received in October 2015, because they do not accept Medicaid Fee-For-Service.

On March 7, 2016, you filed a formal appeal with NYSOH on this issue, which was formally acknowledged by NYSOH in a March 8, 2016 appeal notice.

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 start date of your MMC re-enrollment, as addressed in the October 22, 2015 enrollment notice, an appeal should have been filed by December 21, 2016. According to the credible evidence in the record, you did not contact NYSOH until March 7, 2016 to file a formal complaint and a formal appeal. This date is well beyond 60 days from the October 22, 2015 enrollment notice.

Therefore, there has been no valid timely appeal of the October 22, 2015 enrollment notice and your appeal on the issue of backdating your MMC plan coverage from December 1, 2015 to October 1, 2015, as stated in the March 8, 2016 appeal notice, is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility for Medicaid or enrollment in an MMC 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
- 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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