



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: December 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009378

[REDACTED]

Dear [REDACTED],

On January 21, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your son ([REDACTED]) was eligible for Medicaid effective January 1, 2016.

On February 2, 2016, NYSOH issued an enrollment confirmation notice confirming your son's enrollment in a Medicaid Managed Care plan effective March 1, 2016.

The record indicates the following (1) you are appealing the fact that the physician you took your son to see in January, 2016, does not accept Fee For Service Medicaid, and you were not reimbursed for your submitted claim (2) on May 3, 2016 a formal appeal was filed regarding this issue.

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 eligibility for Medicaid fee for service effective January 1, 2016, as addressed in the January 20, 2016 notice, an appeal should have been filed by March 25, 2016. This date is in

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addition to allowing for an extra five days for formal notice to reach you. According to the credible evidence in the record, you did not contact NYSOH until May 3, 2016 to file a formal complaint and a formal appeal was not filed until that day. The filing of your appeal is beyond 60 days from the January 20, 2016, eligibility determination notice.

Therefore, there has been no valid timely appeal of the January 20, 2016, eligibility determination notice and your appeal on the issue of your son's eligibility for Medicaid Fee For Service as stated in that notice is **DISMISSED**.

How does this Dismissal Affect Your Eligibility?

This decision does not change your son's current eligibility for or enrollment in a Medicaid Managed Care 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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