



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

DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: April 20, 2017

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

[REDACTED]

Dear [REDACTED]

On November 7, 2015, NY State of Health (NYSOH) issued a renewal notice stating that based on the information from federal and state sources, a decision could not be made about whether your youngest son [REDACTED] qualified for financial assistance. You were asked to update your NYSOH account on your youngest son's behalf by December 15, 2015 so that a decision could be made. The notice advised you that if you missed the deadline, the financial assistance your youngest son was receiving could end.

On December 15, 2015, NYSOH received your updated application for financial assistance.

On December 16, 2015, NYSOH issued a notice stating that they had received your application but that more information was needed to make an eligibility determination for your youngest son. Specifically, the notice requested that you submit income documentation for your household by December 31, 2015 in order to confirm the information in your application.

On December 18, 2015, NYSOH issued a disenrollment notice stating that your youngest son's coverage in his Medicaid Managed Care plan would end effective December 31, 2015.

On January 20, 2016, your household's application for health insurance was rerun.

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 January 21, 2016, NYSOH issued an eligibility determination notice stating that your youngest son was eligible for Medicaid effective January 1, 2016.

On February 3, 2016, NYSOH issued an enrollment confirmation notice confirming your youngest son's enrollment in a Medicaid Managed Care plan effective March 1, 2016.

On May 3, 2016, NYSOH received your request to appeal the start date of your youngest son's Medicaid Managed Care plan insofar as it did not begin January 1, 2016 because your youngest son incurred outstanding medical bills that need reimbursed.

On December 2, 2016, you had a hearing with a Hearing Officer from NYSOH Appeals Unit. During the hearing, you testified that you are appealing the fact that the physician you took your son to see [REDACTED], does not accept Fee for Service Medicaid, and you were not reimbursed for your submitted claim. The record was developed and left open for 15 days to allow you time to submit a letter from the NYSOH Reimbursement Unit. On December 6, 2016, the Appeals Unit received a fax containing the documentation and the record was closed that day.

On December 23, 2016, NYSOH Appeals Unit issued a notice of dismissal of your case because your May 3, 2016 appeal was not within 60 days of the January 21, 2016 eligibility determination notice.

On January 13, 2017, NYSOH received a letter from you requesting a decision based on the merits of your case and not a dismissal.

Why Your Request to Vacate is Denied

An applicant may request that a dismissal be vacated within 30 days of the date of the notice of dismissal by showing good cause as to why that dismissal should be vacated. Insofar as your January 13, 2017 letter does not specifically request that the dismissal be vacated, we will treat it as if it were a valid request to vacate.

The eligibility determination advising you that your youngest son's eligibility for Medicaid was effective January 1, 2016 was issued on January 21, 2016. The enrollment confirmation advising you that your youngest son's enrollment in a Medicaid Managed Care plan was effective March 1, 2016 was issued on February 3, 2016.

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Therefore, your May 3, 2016 appeal was untimely, and was appropriately dismissed. Your request to vacate the dismissal of your appeal is denied for failure to show good cause.

It is also noted that you are disputing the fact that you have not been reimbursed by Medicaid for your submitted reimbursement claim.

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) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) 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)).

Since reimbursement of submitted claims is not an issue that NYSOH Appeals Unit is authorized to address, your appeal as far as seeking reimbursement from Medicaid is invalid.

How does this Dismissal Affect Your Eligibility?

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

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

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- 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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