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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: January 18, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000009522

[redacted]

[redacted]

On February 7, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective February 1, 2015.

On July 21, 2015, NYSOH received your updated application for financial assistance.

On July 22, 2015, an eligibility determination notice was issued finding you no longer eligible for Medicaid. However, your Medicaid coverage would continue until January 31, 2016. This determination was effective July 1, 2015.

On July 23, 2015 NYSOH issued an enrollment confirmation notice stating that you do not need to pick a Medicaid Managed Care plan.

On September 8, 2015 you uploaded a letter from Aetna stating that your insurance plan through them would terminate on September 30, 2015.

On September 9, 2015 NYSOH issued an enrollment confirmation notice stating that you do not need to pick a Medicaid Managed Care plan.

On May 10, 2016, you spoke to NYSOH's Account Review Unit and filed a formal appeal regarding the fact that you were unable to select a Medicaid Managed Care plan in the month of September 2015.

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).).

The record indicates the following:

(1) You are appealing the inability to enroll into a Medicaid Managed Care plan as of September 9, 2015

(2) On October 7, 2015, October 27, 2015, and October 29, 2015 complaints were filed in regards to that issue.

(3) Your complaints were closed on January 25, 2016, November 3, 2015, and January 27, 2016, respectively.

(4) You were verbally told the resolution of the complaints over the phone on the dates they were closed.

(5) You stated that you were told that you needed to file a complaint or incident before you were allowed to file an appeal.

(6) An appeal was filed in regards to the issue of your inability to select a Medicaid Managed Care plan on May 10, 2016.

Why Your Appeal Request Is Not Valid

On September 9, 2015 NYSOH issued an enrollment confirmation notice stating that you do not need to pick a Medicaid Managed Care plan.

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 you inability to enroll into a Medicaid Managed Care plan, an appeal should have been filed no later than November 21, 2015. On October 7, 2015, October 27, 2015, and October 29, 2015 complaints were filed in regards to that issue. However, those complaints were closed on January 25, 2016, November 3, 2015, and January 27, 2016, respectively and you were verbally told the resolution of the complaints over the phone.

According to the credible evidence in the record, you did not contact NYSOH again until May 10, 2016 to file a formal appeal. You stated that you were told that you needed to file a complaint or incident before you were allowed to file an appeal. However, your May 10, 2016 appeal date is well beyond 60 days from closure of all of your complaints.

Therefore, there has been no valid timely appeal of the September 9, 2015 enrollment confirmation notice, and your appeal on the issue of the start date of your inability to enroll in a Medicaid Managed Care plan as stated in that notice is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility.

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.

A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

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