



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

## **NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST**

Notice Date: January 11, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010233

[REDACTED]

[REDACTED]

On September 8, 2015, you added your child to your NYSOH account and an application was submitted on his behalf.

On September 9, 2015, NYSOH issued a notice stating more information was needed to make a determination on your child's application. The notice explained the income documentation you provided did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by September 24, 2015.

On September 29, 2015, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid, effective September 1, 2015.

On September 30, 2015, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan for your child on September 29, 2015. The notice confirmed your child's enrollment in a plan starting November 1, 2015.

On June 14, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your child's Medicaid Managed Care plan, requesting that it begin October 1, 2015.

The record indicates the following (1) you are appealing the start date of your child's Medicaid Managed Care plan, (2) on June 13, 2016 a complaint was filed

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regarding the start date of your child's Medicaid Managed Care plan requesting it begin October 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 start date of your child's Medicaid Managed Care plan, as addressed in the September 30, 2015 notice, an appeal should have been filed by November 30, 2015. According to the credible evidence in the record, you did not contact NYSOH until June 13, 2016 to file a formal complaint. This date is well beyond 60 days from the September 30, 2015, enrollment confirmation notice.

Therefore, there has been no valid timely appeal of the September 29, 2015, eligibility determination notice, and September 30, 2015 enrollment confirmation notice, and your appeal on the issue of the start date of your child's Medicaid Managed Care plan as stated in that notice is DISMISSED.

## **How does this Dismissal Affect Your Eligibility?**

This decision does not change your child'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.

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## **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.

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**A Copy of this Notice of Dismissal Has Been Provided To**



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