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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: January 19, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000011151

[redacted]

[redacted],

On March 16, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On March 17, 2016, NYSOH issued an eligibility determination based on the March 16, 2016 application, stating that you were eligible to enroll in the Essential Plan, effective May 1, 2016. The determination was based on your annual household income of $20,800.00.

Also on March 17, 2016, NYSOH issued an eligibility determination notice finding you not eligible for Medicaid for the month of February, 2016 because the monthly household income you provided of $1,733.33 was over the allowable income limit of $1,354.00.

On July 29, 2016 you contacted NYSOH's Account Review Unit and requested an appeal of those eligibility determinations insofar as you were not eligible for Medicaid.

The record indicates the following (1) you are appealing your ineligibility for Medicaid as stated in the March 17, 2016 eligibility determination notices, (2) on July 29, 2016 an appeal was filed regarding your eligibility.

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 eligibility for Medicaid as stated in the March 17, 2016 notices, an appeal should have been filed by May 17, 2016. According to the credible evidence in the record, you did not contact NYSOH until July 29, 2016 to file a formal appeal. There is no evidence in the record that you tried to contact NYSOH prior to that date. July 29, 2016 is well beyond 60 days from the March 17, 2016 eligibility determination notices.

Therefore, there has been no valid timely appeal of the March 17, 2016, eligibility determination notices, and your appeal on the issue of your eligibility for Medicaid as stated in those notices 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.

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

- [redacted]

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