



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

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

Notice Date: December 14, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011891

[REDACTED]

Dear [REDACTED],

On February 24, 2016, NY State of Health (NYSOH) received your updated application for financial assistance.

On February 25, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by March 11, 2016.

On March 31, 2016, NYSOH received your application for health insurance.

On April 1, 2016 NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective March 1, 2016.

On April 1, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on March 31, 2016. The notice confirmed your enrollment in a plan starting May 1, 2016.

On September 7, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin March 1, 2016.

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 start date of your Medicaid Managed Care plan,(2) on September 7, 2016 a complaint was filed regarding the start date of your Medicaid Managed Care plan requesting it begin March 1, 2016.

## **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 Medicaid Managed Care plan, as addressed in the April 1, 2016 notice, an appeal should have been filed by May 30, 2016. According to the credible evidence in the record, you did not contact NYSOH until September 7, 2016 to file a formal complaint. This date is well beyond 60 days from the April 1, 2016, enrollment confirmation notice.

Therefore, there has been no valid timely appeal of the April 1, 2016, eligibility determination notice, and enrollment confirmation notice and your appeal on the issue of the start date of your 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 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 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).

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**



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).