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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: January 24, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000012000

[redacted]

[redacted]

On February 29, 2016, NYSOH received your updated application for health insurance.

On March 1, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan because your household income of $23,296.00 is at or below the allowable income limit. This eligibility was effective as of April 1, 2016.

On March 1, 2016, an enrollment confirmation notice was issued confirming your enrollment on February 29, 2016 in the Essential Plan 2ith a $20.00 premium responsibility effective April 1, 2016.

On June 3, 2016 NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for March 1, 2016 through March 31, 2016 because the program you were determined eligible for cannot pay for any care you receive in the past.

On September 14, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for the month of March, 2016.

On January 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

The record indicates the following (1) you are appealing the denial of retroactive Medicaid for the month of March, 2016, (2) a notice was issued on June 3, 2016 stating you were not eligible for Medicaid for the month of March, 2016 (3) on September 14, 2016 a formal appeal was filed regarding the June 3, 2016 eligibility redetermination notice.

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 denial of retroactive Medicaid, as addressed in the June 3, 2016 notice, an appeal should have been filed by August 7, 2016, after allowing five days for notice to reach you.

According to the credible evidence in the record, you did not contact NYSOH until September 14, 2016 to file a formal appeal. This date is beyond 60 days from the June 3, 2016 eligibility determination notice.

Therefore, there has been no valid timely appeal of the June 3, 2016 eligibility determination notice and your appeal on the issue of the denial of retroactive Medicaid 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 the Essential 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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