



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: December 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012173

[REDACTED]

Dear [REDACTED],

On February 4, 2016, NY State of Health (NYSOH) prepared a preliminary eligibility determination and found you eligible to enroll in an Medicaid Managed Care (MMC) plan, effective March 1, 2016. You appealed that determination.

On May 5, 2016, NYSOH issued a Notice of Hearing stating that your hearing was assigned an Appeal Identification Number (AIN) AP000000006845 and was scheduled for June 21, 2016 at 10:00 a.m. You failed to appear and this appeal was dismissed.

On August 26, 2016, you spoke to NYSOH's Account Review Unit and requested that AIN AP000000006845 be re-opened and submitted documentation for "Good Cause" to vacate the dismissal, in which you stated that you were out of the country from February 2016 to August 4, 2016 (see Document # [REDACTED]).

On September 22, 2016, you spoke to NYSOH's Account Review Unit and again requested that AIN AP000000006845 be re-opened. On September 23, 2016, a Notice of Appeal was issued.

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).

On November 28, 2016, NYSOH issued a Notice of Hearing with an AIN of AP000000012173 assigned to it, stating that your hearing was scheduled for December 13, 2016 at 9:00 a.m.

On December 13, 2016, during your telephone hearing with a Hearing Officer from NYSOH's Appeals Unit, you amended your appeal to request that Medicaid or your MMC plan cover the cost of a testing that you wanted to be performed by a non-participating provider. The Hearing Officer granted the request to amend your appeal to this sole issue.

You testified at the hearing on December 13, 2016, which was based on your amended appeal request, that you needed your test performed and reviewed by a specific doctor, with whom you had an established relationship. You also testified that doctor does not accept Medicaid or your MMC plan.

You further testified that you are satisfied with your current Medicaid coverage and wish to stay in your MMC plan.

Why Your Appeal Request Is Not Valid

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

Your appeal was amended on December 13, 2016 to dispute the failure of Medicaid to cover the medical expenses associated with having testing performed by a certain doctor, with whom you have an established relationship and who does not participate in Medicaid or your MMC plan. You testified that this was the sole issue you wanted to appeal and you are satisfied with your current Medicaid coverage and wish to stay in that health plan.

The issue of whether certain medical services/tests are covered by Medicaid or your MMC plan when performed by an out-of-network medical provider is contractual in nature between you and your health plan and the health plan and the doctor, respectively. Since the NYSOH Appeals Unit is not given the authority to review what services are covered under your contract with the health plan by an out-of-network medical provider, we cannot reach the merits as to whether

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Medicaid or your MMC plan covers the testing that you want to be performed by a non-participating medical provider. Therefore, we must dismiss your appeal.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility for Medicaid.

You may have additional options outside of the Appeals Unit of New York State of Health, such as through your MMC plan or through New York State Department of Financial Services.

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 and if your issue differs from the one discussed above.

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 and the Account ID 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

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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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