



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

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

Notice Date: March 09, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012608

[REDACTED]

Dear [REDACTED]

On July 27, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that your spouse remained eligible for Medicaid, effective July 1, 2016.

The record indicates the following: (1) You are appealing your spouse's Medicaid start date of July 1, 2016; (2) On October 18, 2016, a complaint was filed regarding your spouse's Medicaid start date; and, (3) On October 18, 2016, a formal appeal was filed regarding your spouse's Medicaid start date.

### **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 spouse's Medicaid start date, as addressed in the July 27, 2016 notice, an appeal should have been filed by September 25, 2016. According to the credible evidence in the record, you did not contact NYSOH until October 18, 2016 to file a formal complaint and a formal appeal. Both of these dates are well beyond 60 days from the July 27, 2016 eligibility determination notice.

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).

Therefore, there has been no valid timely appeal of the July 27, 2016 eligibility determination notice and your appeal on the issue of your spouse's Medicaid start date as stated in that notice is DISMISSED.

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

This decision does not change your spouse's current eligibility for or enrollment in Medicaid.

## **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

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- 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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