



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

NOTICE OF DISMISSAL – UNTIMELY, INVALID APPEAL REQUEST

Notice Date: March 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013560

[REDACTED]

Dear [REDACTED]

On December 13, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid effective December 1, 2015.

On November 28, 2016 you contacted NYSOH's Account Review Unit and requested an appeal of the denial of retro-active Medicaid.

The record indicates the following (1) you are appealing the denial of retro-active Medicaid for the month of July 2015 for a payment to your dentist in the amount of \$80.00, help paying for insurance premiums for the period ranging from "the 1980's, to present, and that NYSOH should have notified you that you should try to apply for Medicaid, (2) on November 28, 2016 a complaint and formal appeal was filed regarding your appeal request, (3) you testified the first time you requested an appeal for retro-active Medicaid was on November 28, 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)).

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).

For an appeal to have been valid on the issue of retro Medicaid from the date of your December 13, 2015 eligibility determination notice, an appeal should have been filed by February 16, 2016, allowing for five days for you to receive that notice. According to the credible evidence in the record, you did not contact NYSOH until November 28, 2016 to file a formal complaint and a formal appeal. This date is well beyond 60 days from the December 13, 2015 eligibility determination notice.

Therefore, there has been no valid timely appeal of the December 13, 2015 eligibility determination notice and your appeal on the issue of retro Medicaid before December 1, 2015 is DISMISSED.

Furthermore, 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 requested to dispute premium payments to health plans outside of NYSOH, as well as issues unrelated and outside of the control or authority of NYSOH's Appeals Unit. NYSOH is not responsible for the notification of individuals of their eligibility for Medicaid who have not applied to NYSOH. Therefore, we must DISMISS your appeal on these issues.

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.

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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.

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A Copy of this Notice of Dismissal Has Been Provided To



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