



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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: May 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015543

[REDACTED]

Dear [REDACTED]

On December 19, 2015, NY State of Health (NYSOH) issued a cancellation notice stating that you were cancelled from your Medicaid Managed Care plan effective January 1, 2016.

The record indicates the following (1) you are appealing the cancellation of your Medicaid Managed Care plan as of December 31, 2016; (2) On March 30, 2016, you first contacted NYSOH to request retroactive Medicaid for January 2016; (3) On September 12, 2016, you were granted Medicaid Fee-For Service for the month of January 2016; (4) On September 19, 2016, a complaint was filed regarding a request to reinstate your Medicaid Managed Care Plan for the month of January 2016; and (5) on February 3, 2017, a formal appeal was filed regarding your Medicaid Managed Care end 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 Medicaid Managed Care end date, as addressed in the December 19, 2015 notice, an appeal should have been filed by February 19, 2016. According to the credible evidence of record,

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you did not contact NYSOH until March 30, 2016 to request retroactive Medicaid for January 2016, did not file a formal complaint requesting that your Medicaid Managed Care plan for January 2016 be reinstated until September 19, 2016, and did not file a formal appeal until February 3, 2017. All of these dates are well beyond 60 days from the December 19, 2015 cancellation notice.

Therefore, there has been no valid timely appeal of the December 19, 2015 cancellation notice and your appeal on the issue of your Medicaid Managed Care Plan end date as stated in that notice is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your current eligibility.

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.

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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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