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

NOTICE OF DISMISSAL – UNTIMELY APPEAL REQUEST

Notice Date: November 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020127

[redacted]

Dear [redacted]

On December 16, 2016, NYSOH issued an eligibility determination notice, based on your December 15, 2016 updated application, stating that your spouse was conditionally eligible for Medicaid, effective July 1, 2016. The notice further directed you to provide proof of your spouse's household income and immigration status by December 30, 2016 and January 18, 2017, respectively.

Also on December 16, 2016, NYSOH issued a disenrollment notice stating that your spouse's coverage in her Medicaid Managed Care Plan would end on December 31, 2016. This was because she was no longer eligible to enroll in a Medicaid Managed Care plan.

On December 29, 2016, NYSOH issued an eligibility determination notice, based on your December 28, 2016 updated application, stating that your spouse was conditionally eligible for Medicaid, effective July 1, 2016. The notice further directed you to provide proof of your spouse's household income and immigration status by December 30, 2016 and January 18, 2017, respectively.

On January 25, 2017, NYSOH issued a discontinuance notice stating that, effective February 1, 2017, your spouse did not qualify for Medicaid, the Essential Plan, or to receive advance payments of the premium tax credits to help pay for the cost of health insurance. She was also not eligible to purchase a qualified health plan at full cost. This was because you and your spouse did not provide proof of your spouse's immigration status for NYSOH to confirm her eligibility.

On January 26, 2017, NYSOH issued a denial notice stating that your spouse did not qualify for Medicaid because the household income you provided to NYSOH of $43,770.56 is over the allowable income limit for that program. The notice further stated that she was not eligible for the Essential Plan, an advance payment of the premium tax credit or to purchase a qualified health plan at full cost because NYSOH was unable to verify her citizenship or immigration status.

The record indicates the following: (1) You are appealing your spouse not being determined eligible for full Medicaid for the month of January 2017; the month in which [redacted]; (2) On June 29, 2017, a complaint was filed regarding your spouse's conditional Medicaid eligibility status for the month of January 2017; and (3) On June 29, 2017, a formal appeal was filed regarding your spouse's conditional Medicaid eligibility for the month of January 2017.

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 conditional Medicaid eligibility in the month of January 2017, as addressed in the December 16, 2016 and December 29, 2016 notices, an appeal should have been filed by February 27, 2017, [redacted]. Even considering the later notice, dated January 26, 2017, an appeal should have been filed by March 27, 2017. According to the credible evidence in the record, you did not contact NYSOH until June 29, 2017 to file a formal complaint and a formal appeal. This date is well beyond 60 days from the last eligibility determination notice, dated January 26, 2017.

Therefore, there has been no valid timely appeal of the January 26, 2017 eligibility determination notice and your appeal on the issue of your spouse not being determined eligible for full Medicaid for the month of January 2017 is DISMISSED.

How does this Dismissal Affect Your Eligibility?

This decision does not change your spouse's 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.

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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