



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

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

Notice Date: November 13, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000022244

[REDACTED]

Dear [REDACTED],

On April 17, 2017, NY State of Health (NYSOH) issued a plan enrollment notice confirming you were enrolled in a Medicaid Managed Care Plan, effective June 1, 2017.

The record indicates the following (1) you are appealing the start date of your Medicaid Managed Care plan (2) on September 7, 2017, a complaint was filed regarding your Medicaid Managed Care plan start date (3) on September 7, 2017, a formal appeal was filed regarding your Medicaid Managed Care plan 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 Medicaid Managed Care start date, as addressed in the April 17, 2017 notice, an appeal should have been filed by June 16, 2017. According to the credible evidence in the record, you did not contact NYSOH until September 7, 2017 to file a formal complaint and a formal appeal was not filed until that same day. This date is well beyond 60 days from the April 17, 2017 plan enrollment 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 April 17, 2017 plan enrollment notice and your appeal on the issue of your Medicaid Managed Care start date as stated in that notice is DISMISSED.

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

This decision does not change your 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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