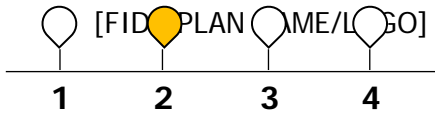


Appeal Level: 2



NON-PARTICIPATING PROVIDER ACKNOWLEDGMENT OF AUTO-FORWARD OF APPEAL

Name:

Date of Notice:

Participant Number:

Date of Level 1 Appeal Decision:

[Insert other identifying information, as necessary (e.g., provider name, Participant's Medicaid number, service subject to notice, date of service)]

Dear <Non-Participating Provider name> ,

Because our Level 1 Appeal decision was not fully in your favor, we forwarded your case to the **FIDA Integrated Administrative Hearings Office (IAHO)** on <insert date sent to IAHO>. This means that you have reached Level 2 of the appeal process, and someone from the IAHO will contact you to schedule a hearing about the following action: *[Insert a detailed description of the FIDA Plan action/IDT decision (e.g. denial, reduction, PCSP renewal, etc.) being appealed, the benefits involved, and which benefits remain at issue after the FIDA Plan's appeal decision.]*

Why was your case forwarded?

<Plan name> forwarded your case to the IAHO because our Level 1 Appeal decision was not fully in your favor. The IAHO is an independent organization that is not connected to <plan name>. The IAHO will do a careful review of our Level 1 decision, and decide whether it should be changed.

What happens next?

The IAHO should contact you within 10 calendar days after receiving your case. They will call you or your representative (if you have one) to schedule a hearing. If the IAHO has not contacted you within 10 calendar days, you should call the IAHO at 1-844-523-8777. TTY users call 711, then follow the prompts to dial 844-523-8777.

You will have your hearing over the phone.

When will the IAHO decide your Level 2 Appeal?

The IAHO must give you an answer within 90 calendar days from the date you asked for an appeal with <plan name>.

When the IAHO makes a decision, it will send you a letter that explains its decision and provides information about your further appeal rights.

Submitting evidence

If you would like the IAHO to consider information that was not considered by <plan name>, you should submit it **as soon as possible**. We recommend that you submit the information by phone, fax, or email. You may also submit it by mail:

FIDA Integrated Administrative Hearings Office (IAHO)

Mailing Address: FIDA/IAHO-10A, P.O. Box 1930, Albany, NY 12201

Physical Address: 14 Boerum Place, 5th Floor, Brooklyn NY 11201

Phone: 1-844-523-8777

TTY Phone: Call 711, then follow the prompts to dial 844-523-8777

Fax: 518-474-8742

Email: otda.sm.FIDA.Integrated.Appeals.Office@otda.ny.gov

If you want someone to represent you

You can have someone else represent you during your appeal. If you already named someone to represent you when you requested this appeal, you do not have to do anything else.

If you have not already named someone to represent you and want to choose someone now, both you and the person you want to act for you must sign and date a statement confirming this is what you want. Send your letter or form to IAHO by fax or mail.

[Plans must send a copy of this notice to relevant parties (e.g. representative, designated caregiver, etc.) and include the following text:]

A copy of this notice has been sent to: <name>
<address>
<phone number>