- For <u>ALL</u> State Appeal Requests use the DHHS ZixMail portal located at: <u>https://web1.zixmail.net/s/login?b=ncdhhs</u>
- Send <u>ALL</u> emails through the DHHS ZixMail portal (Zix Secure Email Message Center) to:

Medicaid.DSS.State.Appeals@dhhs.nc.gov

To send an encrypted email message to the Hearings & Appeals Section or to a State Hearing Officer, use the ZixMail Portal link above and click the "Register" button to create an account. Then you can sign in and send/receive encrypted ZixMail messages from the secure web portal to the Hearings & Appeals Section or any specific State Hearing Officer. From the first screen, you may sign in, reset your password, register, and receive detailed user Help information. This screen also provides an email address for technical support regarding the message portal. If you have your own ZixMail license you may send ZixMails directly and do not need to use the ZixMail portal (*Zix Secure Email Message Center*).

- Do NOT put any client identifying information in the subject line of the e-mail; the subject line is not encrypted. Keep the subject line simple (i.e., State Appeal Request, Withdrawal Notice, New Representative, Address Change, Notice of SSA Approval, Additional Case Evidence, New Phone Number, etc.).
- Please submit each DSS-1473 in its own email. Do not combine DSS-1473s into one email. If an Appellant requests 2 separate appeals (i.e. FNS and MAD), please submit 2 SEPARATE EMAILS with the appropriate DSS-1473 and relevant information concerning each appeal. For Program Integrity, if there are co-debtors, each debtor must be submitted on his/her own DSS-1473 in separate emails.

We cannot accept multiple 1473s sent in the same email.

Every initial email for a State Appeal Request should <u>always include</u> the DSS-1473 and the Hearing Summary. Do <u>not</u> combine DSS-1473s into one email.

Other Attachments to include would be the notification letter to grant, deny, terminate, or modify assistance that prompted the appeal and copies of the relevant documents related to the appeal. See the DSS-1473 (page 2) for items to attach to the State Appeal Request.

Example of Format for Sending State Appeal Requests

NOTE: We cannot accept multiple 1473s sent in the same email

	ა თ_^	- ↓ 🛱 🗧 State Appeal Request - Message (HTML)									Ē	₫ -		×
File	Message	Inser	t Options	Format Text	Review	Help Acrob	at 🛛 🖓 Tell me	what you w	/ant to do					
Encrypt & Send ZixN	Options En	Send		ibri (Βος • 11 • Ι <u>U</u> <mark>Φ</mark> • 6		: • ¹ 3 → & : • = • = • = : = • = • =	Address Check Book Names Names	File	ttach Signature tem • •	 Follow Up * High Importance Low Importance Tags 5) Insights	View Templates My Templates		~
ت= Send	From ▼ To Cc	<u>Medicaid</u>	I.DSS.State.Appe	als@dhhs.nc.gov										
	Subject State Appeal Request													
			Doe, John 1473. ₁ 260 KB	odf			e, John 1473 Addei) KB	ndum.pdf	Ŧ	Doe, John He 335 KB	aring Sum	imary.pdf		•
	Attached	0	Doe, John DSS-8 260 KB	551.pdf			e, John Supporting 3 KB	Evidence f	or Appeal.pdf 🖕					
Please	e see the at	tached St	ate Appeal Re	quest and Asso	ciated releva	ant documenta	ition.							

Example of Format for Additional Evidence for an Appeal (already submitted)



Example of Format for submitting a Duplicate State Appeal Request for change of information

This could also be used for previously submitted appeals where a Duplicate State Appeal Request Form needs to be submitted to add a representative, change a representative's address, change a phone number, or correct a date of birth or Social Security number that was entered incorrectly on the original form.



Example of Format to submit withdrawal notification

	문 5 🗸 🛧 🤚 🛱 = 🛛 Withdrawal Request - Message (HTML)											不 —		×
File	Messa	ge In:	sert	Options	Format Text	Review	Help	Acrobat	Q Tell me what	you want	to do			
& Send	*	Z Encrypt & Send ZixSelect	Paste Clipboa	B	<i>I</i> <u>U</u> <u>∃</u> -	= = 🔌	€ Ado	ress Check ok Names Names	 Attach File * Attach Item * Signature * Include 	I I I Tags ⊑) Insights	View Template My Templat		~
ت الله الم	10 Medicald.DSS.state.Appeals@dnns.nc.gov													
Pleas	se see the a	attached	Duplic	ate State	Appeal Reques	t for the at	tached v	vithdrawal	request from the A	Appellan	t.			