

ZixMail Instructions with E-mail Examples for Submitting State Appeal Requests Attachment 2

- ❖ For **ALL** State Appeal Requests use the DHHS ZixMail portal located at: <https://web1.zixmail.net/s/login?b=ncdhhs>
- ❖ Send **ALL** 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 always include the DSS-1473 and the Hearing Summary. Do not 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 1) 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

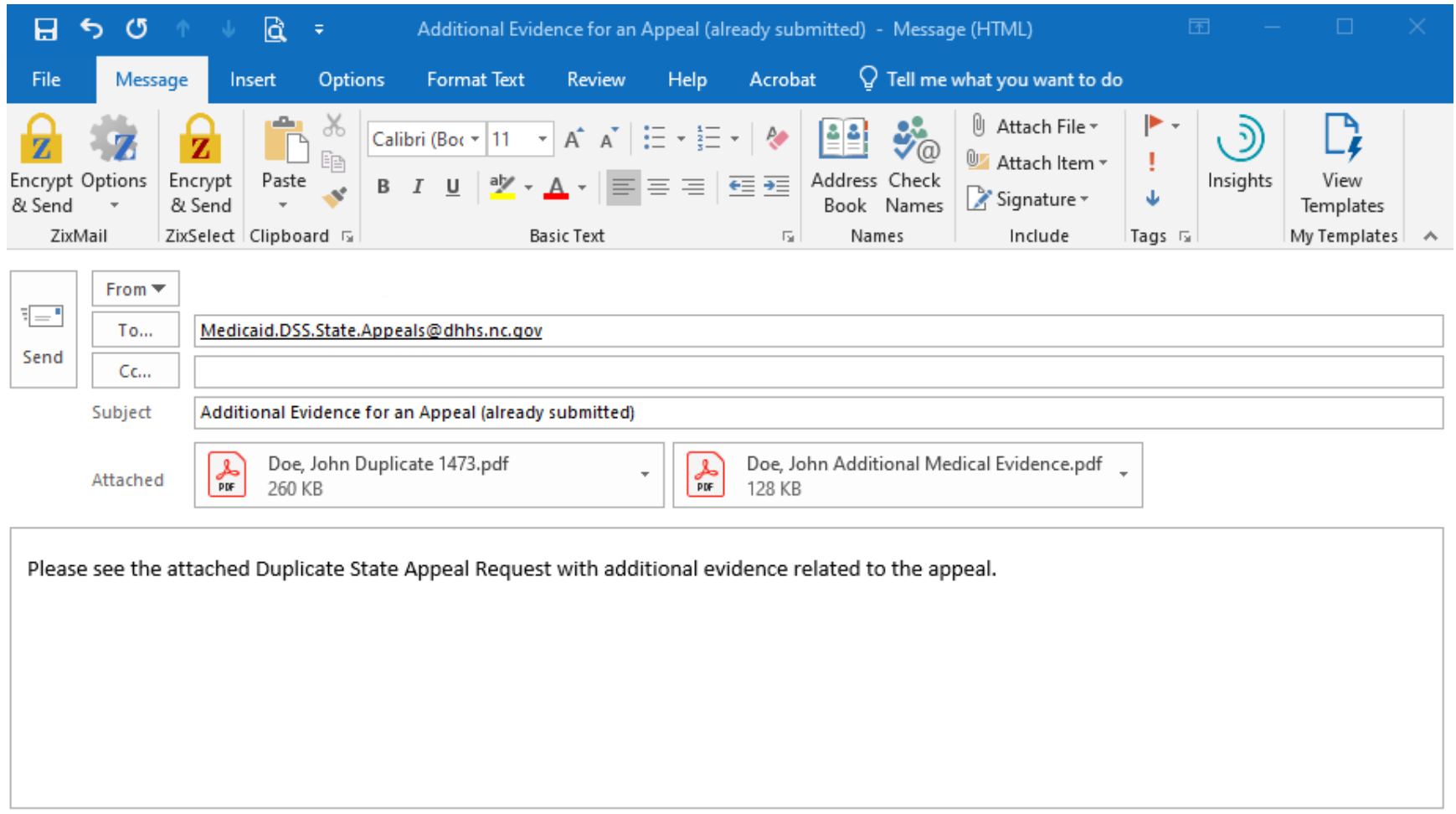
The screenshot shows an Outlook email composition window titled "State Appeal Request - Message (HTML)". The ribbon includes "File", "Message", "Insert", "Options", "Format Text", "Review", "Help", "Acrobat", and "Tell me what you want to do". The "Message" tab is active, showing options for encryption, paste, text formatting, and attachments. The email fields are as follows:

- From:** [Dropdown]
- To:** Medicaid.DSS.State.Appeals@dhhs.nc.gov
- Cc:** [Empty]
- Subject:** State Appeal Request
- Attachments:**
 - Doe, John 1473.pdf (260 KB)
 - Doe, John 1473 Addendum.pdf (260 KB)
 - Doe, John Hearing Summary.pdf (335 KB)
 - Doe, John DSS-8551.pdf (260 KB)
 - Doe, John Supporting Evidence for Appeal.pdf (128 KB)

The main body of the email contains the following text:

Please see the attached State Appeal Request and Associated relevant documentation.

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



Additional Evidence for an Appeal (already submitted) - Message (HTML)

File Message Insert Options Format Text Review Help Acrobat Tell me what you want to do



Encrypt & Send Options Encrypt & Send Paste Calibri (Box) 11 A⁺ A⁻ B I U Address Book Check Names Attach File Attach Item Signature Insights View Templates My Templates

From

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

Cc...

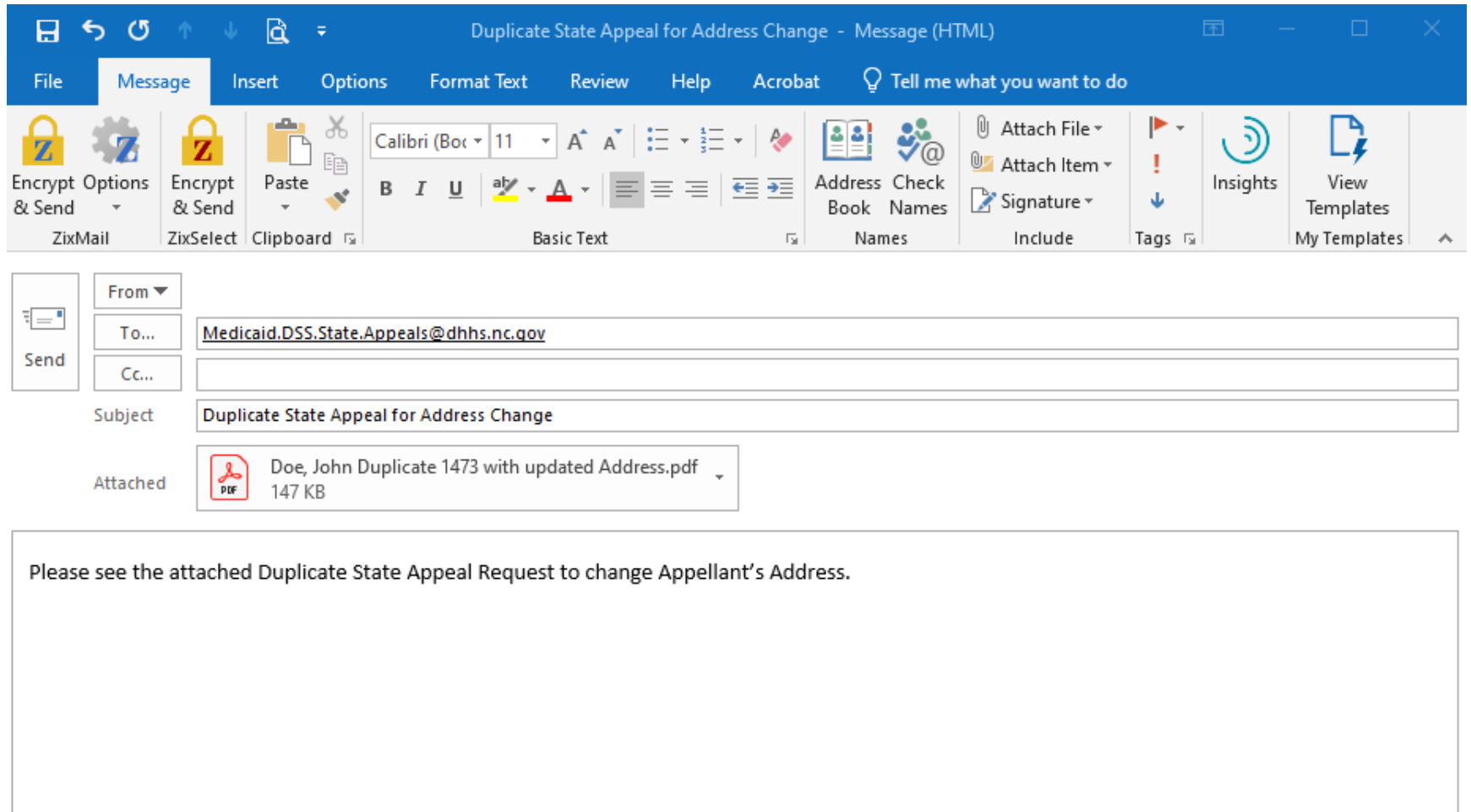
Subject Additional Evidence for an Appeal (already submitted)

Attached  Doe, John Duplicate 1473.pdf 260 KB  Doe, John Additional Medical Evidence.pdf 128 KB

Please see the attached Duplicate State Appeal Request with additional evidence related to the appeal.

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.



Duplicate State Appeal for Address Change - Message (HTML)

File Message Insert Options Format Text Review Help Acrobat Tell me what you want to do


Encrypt & Send Options Encrypt & Send Paste Basic Text Names Include Tags Insights View Templates My Templates

From

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

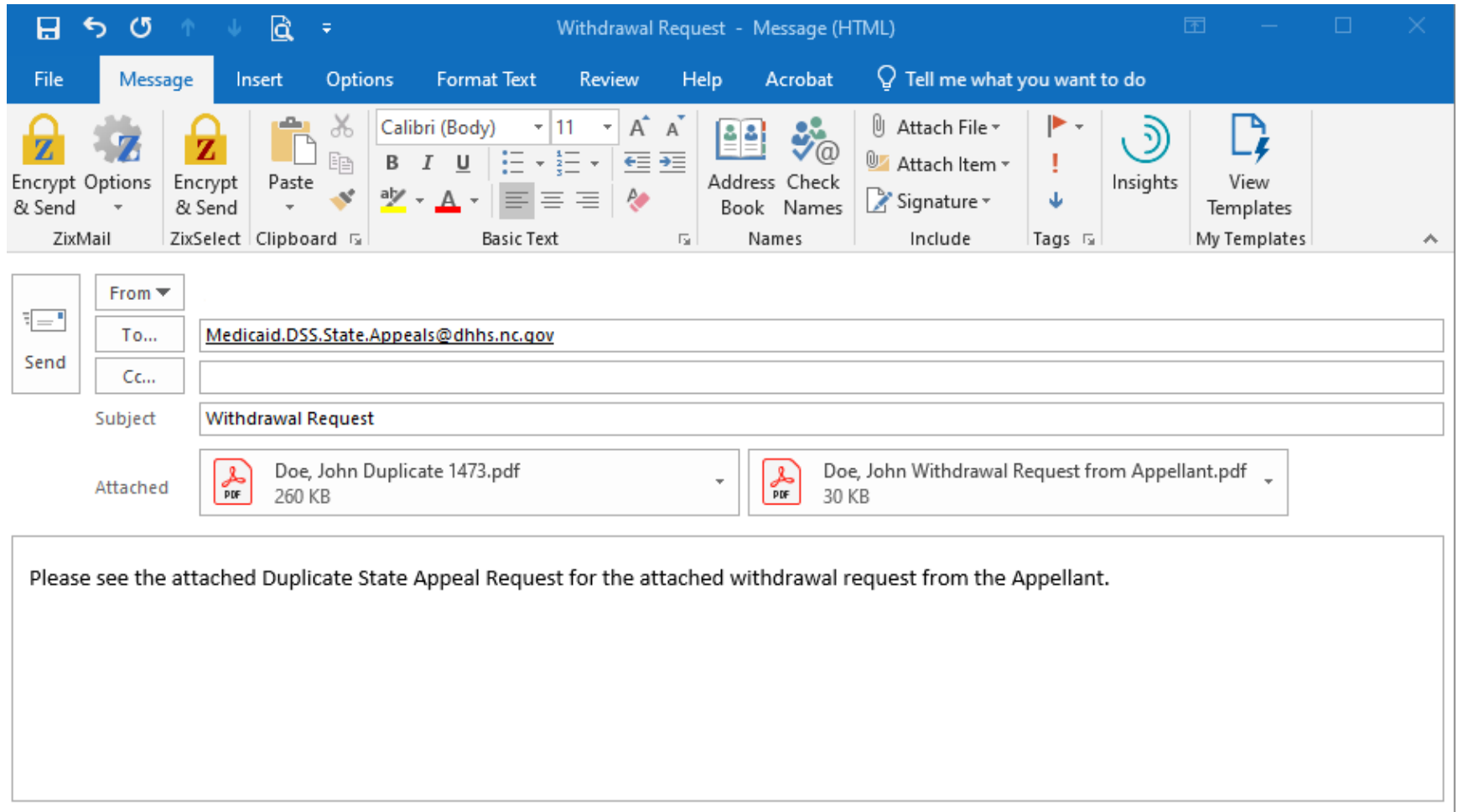
Cc...

Subject Duplicate State Appeal for Address Change

Attached  Doe, John Duplicate 1473 with updated Address.pdf 147 KB

Please see the attached Duplicate State Appeal Request to change Appellant's Address.

Example of Format to submit withdrawal notification



Withdrawal Request - Message (HTML)

File Message Insert Options Format Text Review Help Acrobat Tell me what you want to do

Encrypt & Send Options Encrypt & Send Paste Basic Text Names Include Tags My Templates

From

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

Cc...

Subject Withdrawal Request

Attached

- Doe, John Duplicate 1473.pdf 260 KB
- Doe, John Withdrawal Request from Appellant.pdf 30 KB

Please see the attached Duplicate State Appeal Request for the attached withdrawal request from the Appellant.