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

❖ 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.
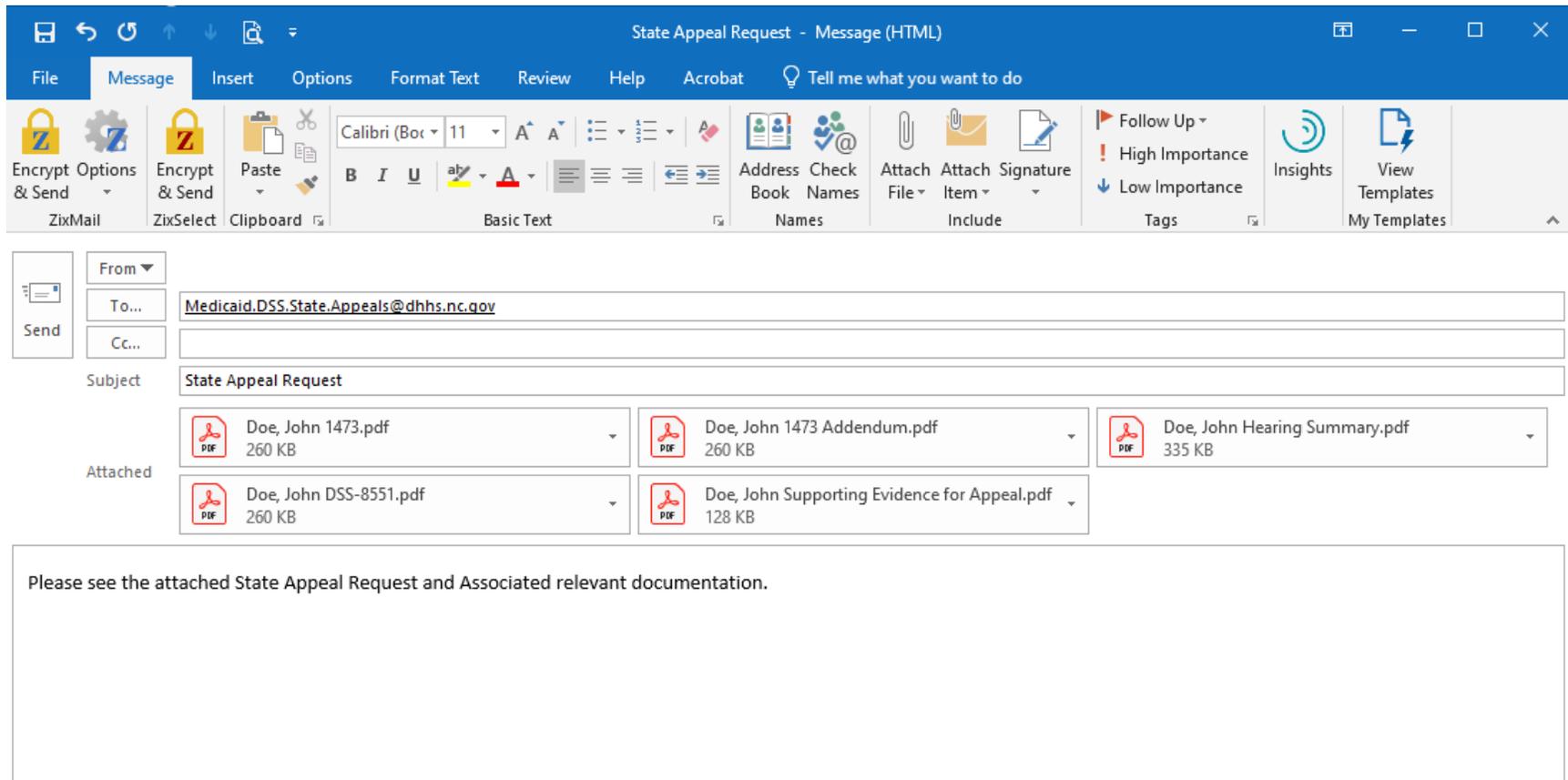
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Other Attachments to include would be the notification letter to grant, deny, terminate, or modify assistance that prompted the appeal and copies of the relevant documents related to the appeal. See the DSS-1473 (page 1) for items to attach to the State Appeal Request.

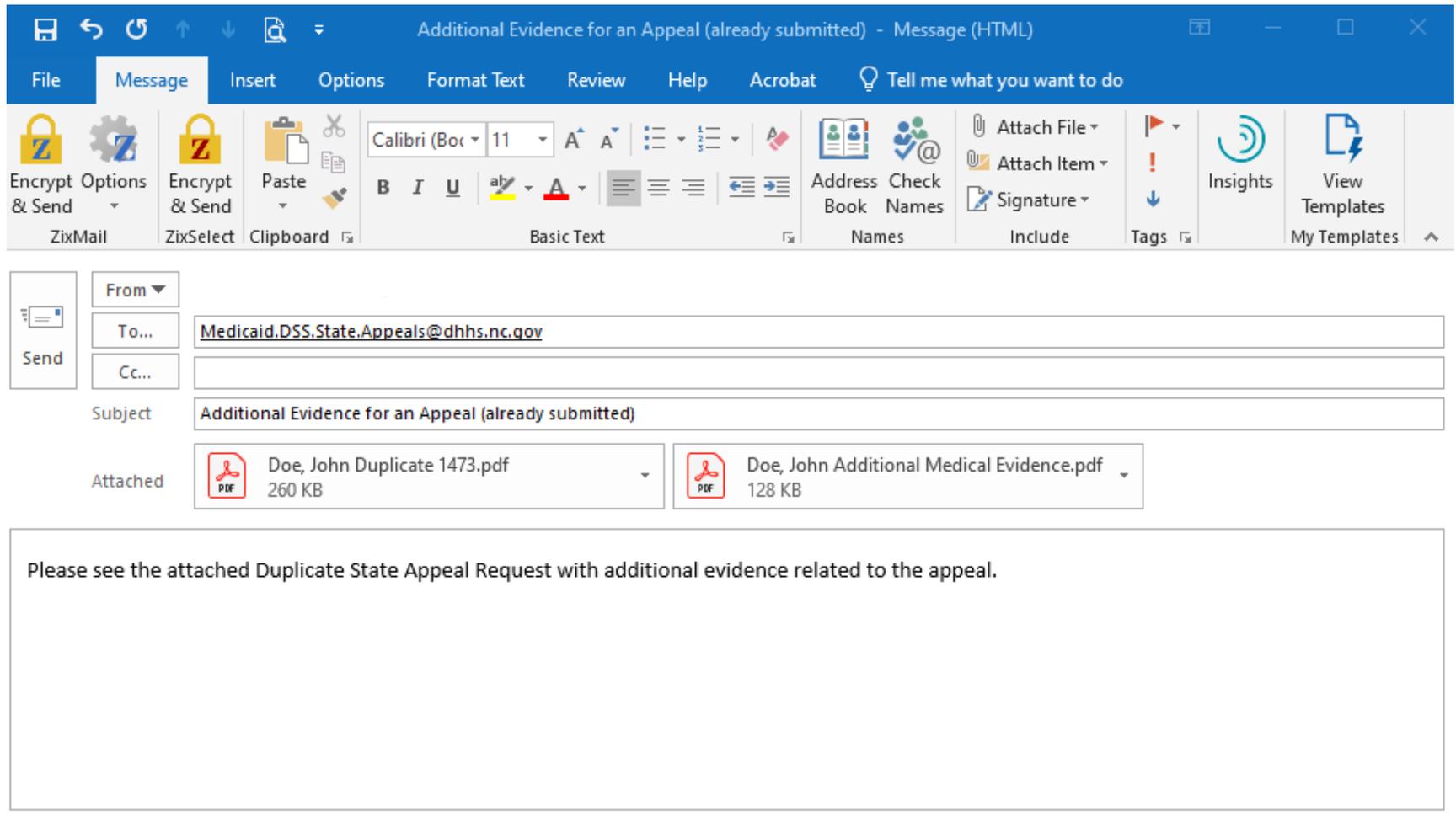## Example of Format for Sending State Appeal Requests

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

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

Subject State Appeal Request

Attached
- 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

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

Example of Format for Additional Evidence for an Appeal (already submitted)
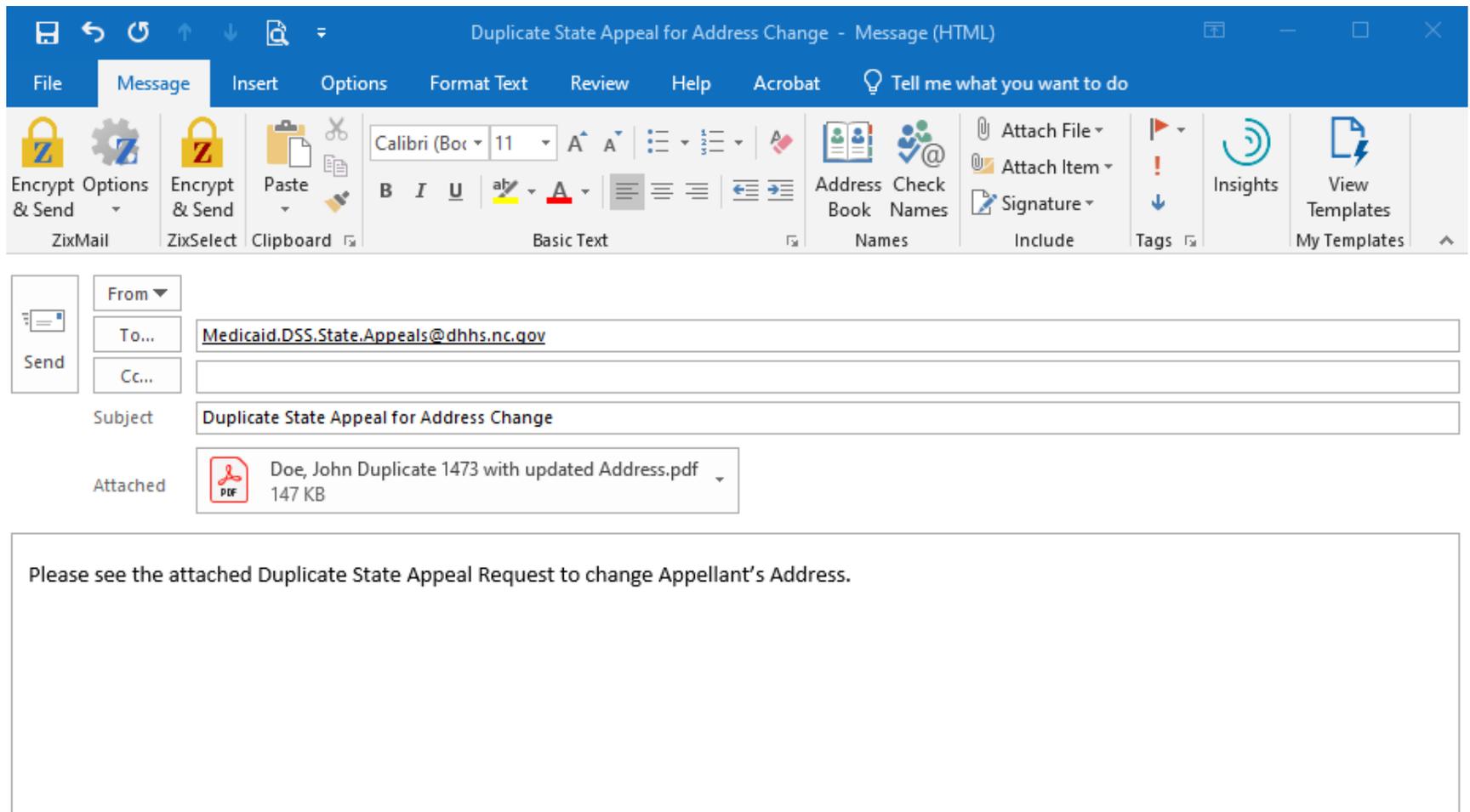
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Example of Format for submitting a Duplicate State Appeal Request for change of information

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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

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