



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000643

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 10, 2014, the Marketplace prepared a preliminary determination on your application for health insurance. Notices were sent to you on April 11, 2014 and April 17, 2014 stating that more information was needed from you before the Marketplace could issue a final determination on your eligibility for health insurance programs available through the NY State of Health.

On May 5, 2014, the Marketplace received an appeal request on your behalf from [REDACTED].

On May 22, 2014, you uploaded two documents to your Marketplace online account, which included (1) a signed note declaring that you currently receive \$500.00 per month in income from a tenant [REDACTED] and (2) a Release to Disclose Protected Information and Authorization of Designated Representative form, in which you identified [REDACTED] as your Authorized Representative [REDACTED].

Later that day, the Marketplace verified your note declaring income received from your tenant as acceptable proof of your income.

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).

On May 23, 2014, the Marketplace issued an eligibility determination in your case stating that you were eligible for Medicaid, with a coverage start date of February 1, 2014.

On June 9, 2014, the Marketplace issued a Notice of Telephone Hearing to both yourself and [REDACTED] to advise you that the hearing you requested was scheduled for July 2, 2014 at 1:00pm.

On July 2, 2014, an impartial hearing officer attempted to contact you at the phone number you provided at 1:04 pm. We could not reach you. The hearing officer also attempted to contact [REDACTED] at 1:10 pm, but was unable to reach her. Accordingly, we adjourned your case for a later date.

On July 25, 2014, the Marketplace issued Notices of Telephone Hearing to yourself and [REDACTED] stating that the hearing you requested was rescheduled for August 13, 2014 at 9:00 am. The hearing officer attempted to contact [REDACTED] on three occasions between 9:02 am and 9:38 am on that day, but was unable to reach her. The hearing officer also attempted to contact you on three separate occasions between 9:11 am and 9:39 am, but was unable to reach you as well, as your phone appeared to have been disconnected.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's May 23, 2014 eligibility determination, which superseded the April 10, 2014 preliminary eligibility determination, continues in effect.

The May 23, 2014 eligibility determination says that you are eligible for Medicaid, with a coverage state date of February 1, 2014.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

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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 the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

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
- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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