



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 25, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000753

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

Dear [REDACTED],

On July 22, 2014, the Marketplace made a preliminary determination that you were eligible for Medicaid coverage. This determination was based, in part, on your household income \$0.00 and your Citizenship/Immigration Status listed as "Other."

On July 23, 2014, the Marketplace issued two notices. One stated that you are eligible only for emergency Medicaid coverage "because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL)." The other stated that you had appealed your determination.

On July 29, 2014, the Marketplace received your modified application. The application says that you are an "Immigrant Non-Citizen" and that you are in the United States under a Reentry Permit (I-327).

On July 30, 2014, the Marketplace issued a notice stating that you were conditionally eligible for Medicaid benefits and directing you to provide documentation of your immigration status.

On July 31, 2014, the Marketplace issued a notice that you were eligible for Medicaid and that your coverage would begin on May 1, 2014.

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 August 16, 2014, the Marketplace issued a notice that your Medicaid coverage would begin on September 1, 2014.

On September 3, 2014, the Marketplace issued a Notice of Telephone Hearing to tell you that your hearing would be on October 3, 2014 at 2:30 pm.

On October 3, 2014, a Hearing Officer called you at the phone number you provided to the Marketplace. You told the Hearing Officer that you were not ready to go forward with the hearing. The Hearing Officer adjourned your hearing to a later date.

On October 6, 2014, the Marketplace issued a Notice of Telephone Hearing to tell you that your hearing would be on October 24, 2014 at 9:00 am.

On October 24, 2014, a Hearing Officer called you at the telephone number you provided to the Marketplace. The Hearing Officer called that number on three separate occasions between 9:15 am and 9:51 am. We could not reach you.

Accordingly, we are dismissing your appeal.

The July 23, 2014 determination that you appealed is AFFIRMED, but it has been superseded (replaced) by later determinations. The notices dated July 31, 2014 and August 16, 2014 state that you are eligible for full Medicaid.

How does this Dismissal Affect Your Eligibility?

This decision does not change your eligibility.

You remain eligible for full Medicaid, as stated in the July 31, 2014 and August 16, 2014 notices.

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 Has Been Provided To

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

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