



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 30, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001072

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

[REDACTED]

On March 15, 2014, you submitted an application to the Marketplace, which included both you and your spouse. Within this application you also stated that you expected to file jointly with your spouse on your U.S. Income Tax return for 2014.

On March 16, 2014 and March 21, 2014, the Marketplace issued notices of eligibility determination that found you eligible for Medicaid coverage, with such coverage to begin on March 1, 2014. These notices also indicated that you had enrolled in the Hudson Health Plan, Inc. as your Medicaid Managed Care plan, with coverage under this plan to begin on April 1, 2014.

On October 3, 2014, the Marketplace issued a disenrollment notice stating that your Medicaid Managed Care plan with the Hudson Health Plan, Inc. would be terminated effective October 31, 2014.

On November 3, 2014, you submitted three revised applications to the Marketplace. In two, you attested that while you were still married, you intended to file your taxes for 2014 as "single." In another, you attested that you were separated and would file as head of household.

For all three, the Marketplace made preliminary redeterminations that found you ineligible for financial assistance. No written notices were issued by the Marketplace on the November 3, 2014 preliminary determinations.

On November 3, 2014, you spoke with the Marketplace Account Review Unit and appealed the preliminary determinations.

On November 4, 2014, the Marketplace issued a notice confirming that on November 3, 2014, you requested a telephone hearing to review the preliminary determination regarding your eligibility determination.

On November 4, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for November 19, 2014 at 9:00 am.

On November 19, 2014, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 9:01am and 9:44am. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The preliminary determinations remain in effect; however, subsequent determinations from the Marketplace will not be affected by the decision.

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.

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.

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).

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]

[REDACTED]
[REDACTED]
[REDACTED]

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