



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001125

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

Dear [REDACTED],

On April 1, 2014, you submitted an application to the Marketplace in which you identified yourself as naturalized citizen and attested to an expected yearly income of \$4,030.00.

That same day, the Marketplace prepared a preliminary eligibility determination based on your April 1, 2014 application. It found you eligible for Medicaid coverage, with such coverage to begin on April 1, 2014. The Marketplace did not contemporaneously issue a written notice of eligibility formalizing the findings from the April 1, 2014 preliminary determination.

On July 2, 2014, the Marketplace issued a notice confirming your selection of EmblemHealth Medicaid Managed Care (MMC) plan. This notice also confirmed that your “insurance coverage through Medicaid will begin April 1, 2014 and enrollment with EmblemHealth will begin May 1, 2014.”

On November 14, 2014, the Marketplace issued a notice of eligibility redetermination. It said, among other things, that you were no longer eligible for Medicaid coverage through the Marketplace since you did not provide information to confirm your citizenship status.

On November 15, 2014, the Marketplace notified you that you would be disenrolled from your EmblemHealth MMC plan, effective November 30, 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 November 26, 2014, the Marketplace received a letter from you, dated November 20, 2014, which included: (1) a formal appeal request of the Marketplace's November 14, 2014 eligibility redetermination finding you ineligible for Medicaid coverage and the November 15, 2014 notice regarding your disenrollment from your EmblemHealth MMC plan, and (2) a copy of your Office Record of Benefit Payment History issued by the New York State Department of Labor, current as of June 18, 2014.

On December 1, 2014, the Marketplace received a revised application in which you identified yourself as an Immigrant Non-Citizen and attested to an expected yearly income of \$6,231.00. You also stated within this application that you were issued an I-551 Permanent Resident Card.

On December 2, 2014, the Marketplace issued a notice of eligibility redetermination based on your December 1, 2014 application. It found you eligible for Medicaid coverage beginning December 1, 2014.

On December 9, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for December 30, 2014 at 9:00 am.

On December 11, 2014, the Marketplace issued a notice confirming your selection of a Health Insurance Plan of Greater New York MMC. This notice further confirmed that your "insurance coverage through Medicaid will begin December 1, 2014 and enrollment with Health Insurance Plan of Greater New York will begin January 1, 2015."

On December 30, 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 9:03 am and 9:40 am. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility redeterminations issued on November 14, 2014 and December 2, 2014 remain in effect.

You remain eligible for fee-for-service Medicaid during the month of December 2014.

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You also remain eligible for Medicaid coverage under your Health Insurance Plan of Greater New York MMC plan beginning January 1, 2015.

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.

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

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).

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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