



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: AP000000001138

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

Dear [REDACTED],

On April 1, 2014, you submitted your initial application to the Marketplace in which you attested to an expected yearly income of \$0.00.

On April 2, 2014, the Marketplace issued a notice of 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.

On December 3, 2014, the Marketplace received a revised application in which you attested to an expected yearly income of \$39,960.00.

That same day, the Marketplace prepared a preliminary eligibility redetermination based on your December 3, 2014 application. It found that you remained eligible for Medicaid coverage until March 31, 2015.

On December 3, 2014, you spoke to the Marketplace Account Review Unit and appealed the results of this preliminary determination.

On December 4, 2014, the Marketplace issued a notice of eligibility redetermination, the findings of which were consistent with those contained in the December 3, 2014 preliminary eligibility redetermination.

On December 9, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for December 29, 2014 at 1:00pm.

On December 29, 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 1:01pm and 1:41pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's December 4, 2014 eligibility determination remains in effect.

You continue to be eligible for Medicaid coverage.

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.

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).

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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