



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001153

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 16, 2014, you submitted an application to the Marketplace in which you identified yourself as a U.S. Citizen and attested to an expected yearly income of \$11,232.00.

On May 18, 2014, the Marketplace issued a notice of eligibility redetermination. It found that you remained conditionally eligible for Medicaid coverage, pending the Marketplace's receipt no later than August 16, 2014 of documentation to prove your citizenship. The notice further stated that "[y]our insurance coverage through Medicaid will begin May 1, 2014, and enrollment with New York State Catholic Health Plan, Inc. will begin July 1, 2014."

On November 16, 2014, the Marketplace issued a notice of eligibility redetermination. The notice stated that you were no longer eligible for Medicaid, Child Health Plus, tax credits or cost sharing reductions to help pay for the cost of insurance. You were also not eligible to enroll in a qualified health plan (QHP) at full cost through the Marketplace. The notice further stated that you had not provided information to prove your citizenship, which the Marketplace had required to confirm your eligibility.

On November 17, 2014, the Marketplace issued a disenrollment notice. The notice stated that your 2014 coverage in New York State Catholic Health Plan, Inc. would end effective November 30, 2014 because you were no longer eligible to enroll in health insurance through New York State of Health.

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 December 6, 2014, the Marketplace received a copy of your U.S. passport. This document was verified by a Marketplace representative as acceptable proof of your citizenship on December 10, 2014.

On December 7, 2014, you spoke with the Marketplace's Account Review Unit and appealed the November 16, 2014 eligibility redetermination.

On December 10, 2014, the Marketplace received a revised application.

On December 11, 2014, the Marketplace issued a notice of eligibility redetermination based on your December 10, 2014 application. It found you remained eligible for Medicaid coverage. This notice further stated that your coverage would begin December 1, 2014.

On December 11, 2014, the Marketplace issued a notice confirming your selection of a New York State Catholic Health Plan, Inc. as your Medicaid Managed Care (MMC) plan. This notice further confirmed that your "insurance coverage through Medicaid will begin December 1, 2014 and enrollment with New York State Catholic Health Plan, Inc. will begin January 1, 2015."

On December 22, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for January 7, 2015 at 10:00 a.m.

On January 7, 2015, 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 10:00am and 10:32am. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility redetermination issued on November 16, 2014 remains in effect, however, it has been effectively replaced by (1) the December 11, 2014 eligibility redetermination and (2) NY State Department of Health action to back-date your New York State Catholic Health Plan MMC coverage to December 1, 2014.

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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

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]

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