



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: AP000000001179

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 31, 2014, you submitted an application to the Marketplace in which you identified yourself and your spouse, [REDACTED], as U.S. Citizens.

On April 2, 2014, the Marketplace issued a notice of eligibility determination based on your March 31, 2014 application. It found, among other things, that you and your spouse were conditionally eligible for Medicaid coverage, pending the Marketplace's receipt before July 2, 2014 of documentation to prove citizenship. The notice further stated that insurance coverage through Medicaid would begin March 1, 2014 and enrollment under Healthfirst Medicaid Managed Care (MMC) plan would begin May 1, 2014.

On May 6, 2014, the Marketplace received copies of you and your spouse's U.S. Passports and Certificates of Naturalization (Certificates No. [REDACTED] and [REDACTED]).

On May 10, 2014 and May 13, 2014, the Marketplace issued notices of eligibility determination. The Marketplace determined that, while you were eligible for Medicaid, your spouse was still only conditionally eligible; proof of her citizenship was required.

On November 15, 2014, the Marketplace issued a notice of eligibility redetermination. The notice stated, in pertinent part, that your spouse was no longer eligible for Medicaid. The notice further stated that you had not provided

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information to prove your spouse's citizenship, which the Marketplace needed to confirm her eligibility.

On November 16, 2014, the Marketplace issued a disenrollment notice. The notice stated that your spouse's 2014 coverage in the Healthfirst MMC plan would end effective November 30, 2014, because she was no longer eligible to enroll in health insurance through New York State of Health.

On December 12, 2014, you spoke with the Marketplace's Account Review Unit and appealed the November 15, 2014 eligibility redetermination that your spouse was no longer eligible for Medicaid coverage as of November 30, 2014.

On December 20, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for January 9, 2015 at 1:00pm.

On January 9, 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 1:02 pm and 1:34pm. 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 15, 2014 remains in effect.

Please note, however, the dismissal of your appeal under this notification has no effect on any subsequent Marketplace determinations issued after November 15, 2014.

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.

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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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