



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002064

[REDACTED]

Dear [REDACTED],

On October 16, 2014, the Marketplace received your initial application for financial assistance.

On October 17, 2014, the Marketplace issued a disenrollment notice that stated you were no longer eligible to remain enrolled in your Fidelis Care Silver health plan effective September 30, 2014.

On November 27, 2014, your eligibility was redetermined finding you eligible for Medicaid effective October 1, 2014. This eligibility was based on your reported household income of \$13,020.50. You were told to pick a health plan as your current coverage would end September 30, 2014.

On December 16, 2014, you contacted the Marketplace to request that Medicaid help cover three months of retroactive coverage for outstanding unpaid medical bills for July, August, and September of 2014.

On March 23, 2015, the Marketplace issued a decision on your request. You were denied coverage for medical bills for the period of July 1, to September 30, 2014. The determination stated that you failed to verify income information that had been requested. Specifically you provided insufficient income documentation, and your income tax records were unacceptable for retro Medicaid coverage.

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: 1-877-622-4886).

On August 14, 2015, you contacted the Marketplace's Account Review Unit and appealed the March 23, 2015 eligibility determination in regards to the denial of coverage for the three months prior to your October 2014, application.

On October 26, 2015, a notice of telephone hearing was issued for a telephone hearing on November 13, 2015 at 3:00 pm.

On November 13, 2015, between 3:00 pm and 3:30 pm a Hearing Officer from the NY State of Health Appeals Unit, placed two calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. The number led to a phone message from Verizon Wireless that the number has been changed, disconnected, or is no longer in service on both attempts.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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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 Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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