



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002425

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On April 15, 2015, the Marketplace prepared two preliminary eligibility determinations based on two April 15, 2015 applications, in which you attested first to an expected yearly income of \$18,000.00, and then, through a Marketplace representative, to an expected yearly income of \$23,000.00. Both preliminary determinations stated that you were eligible for Medicaid.

Also on April 15, 2015, you spoke with the Marketplace Account Review Unit and appealed the April 15, 2015 preliminary eligibility determinations insofar as you were found eligible for Medicaid.

On April 16, 2015, the Marketplace issued a notice of eligibility determination which formalized the findings prepared under the April 15, 2015 preliminary determination. It stated that you would continue to receive Medicaid coverage until January 31, 2016. The notice further stated that “this is because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.”

On May 4, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 26, 2015 at 10:00 a.m.

On May 26, 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 10:07 a.m. and 10:37 a.m. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's April 16, 2015 notice of eligibility determination remains in effect.

Please note that the dismissal of your appeal under this notification has no effect on any subsequent determinations or notices of dismissal issued by the Marketplace on or after April 16, 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.

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]

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