



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 7, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003463

[REDACTED]

Dear [REDACTED],

On February 3, 2015, the Marketplace issued an eligibility determination notice, stating that you and your spouse were conditionally eligible for Medicaid, effective February 1, 2015. This determination was conditional pending the receipt of documentation to verify your income. The Marketplace requested that you provide your income documentation by February 19, 2015. The notice also stated that in response to your request for help in paying medical bills from the last three months, the Marketplace requested that you provide proof of income from November 1, 2014 to January 31, 2015. The Marketplace requested that you provide these documents by February 17, 2015.

On February 18, 2015, you provided documentation reflecting income you received from November 1, 2014 to January 31, 2015.

On April 13, 2015, a Marketplace representative reviewed your income documentation and approved your retroactive Medicaid coverage for the months of November and December 2014. However, based on that same documentation, you and your spouse were denied retroactive Medicaid coverage for the month of January 2015. No written notice was issued formalizing this finding by the Marketplace. You appealed this determination.

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 July 1, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for August 31, 2015 at 1:00 p.m.

Between 1:02 p.m. and 1:32 p.m. on August 31, 2015, a Hearing Officer placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you.

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.

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:

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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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