



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004005

[REDACTED]

Dear Sir or Madam,

On July 23, 2015, the Marketplace issued an eligibility determination notice stating, in relevant part, that your three children, [REDACTED], [REDACTED] and [REDACTED] were eligible for Medicaid, effective July 1, 2015. You appealed this determination.

Also on July 23, 2015, the Marketplace received a signed Order and Judgement Appointing Guardian of the Property (the "Order"), dated January 26, 2015, which determined, in part, that "no one has authority to transact business for, on behalf of, or in the name of [REDACTED], [REDACTED] other than the Guardian and the [REDACTED], [REDACTED], [REDACTED] according to the custodial agreement referenced in this order..." The Order identifies [REDACTED], [REDACTED] as your appointed Guardian.

On August 8, 2015, the Marketplace received a fully-executed Authorized Representative Designation Form identifying [REDACTED], [REDACTED] as your Authorized Representative.

On September 1, 2015, the Marketplace issued a two Notices of Hearing to advise both you and Authorized Representative that the hearing you requested was scheduled for October 1, 2015 at 1:00 p.m.

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).

Between 1:09 p.m. and 1:39 p.m. on October 1, 2015, a Hearing Officer placed three calls to the telephone number provided to the Marketplace to contact your Authorized Representative, but was unable to reach her.

At 1:45pm on October 1, 2015, the Hearing Officer placed a call to you. You answered the call but could not participate effectively since the terms of the Order indicate that all transactions of business, which may include the purchase of health insurance for your three children, need to be taken by either your appointed Guardian or the [REDACTED] [REDACTED] [REDACTED] [REDACTED] in accordance with the terms and conditions of the Order.

Since neither you nor your Authorized Representative effectively appeared for scheduled hearing, 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:**

[REDACTED]

[REDACTED]

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