



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004231

[REDACTED]

Dear [REDACTED],

On July 17, 2015, the Marketplace received your application for financial assistance.

On July 29, 2015, the Marketplace issued an eligibility redetermination notice finding you eligible for Medicaid effective July 1, 2015. This was because your household income of \$12,348.00 is at or below the allowable income limit of \$16,243.00.

On August 7, 2015, you contacted the Marketplace's account review unit and appealed your July 28, 2015, eligibility determination insofar as it did not determine you eligible until July 28, 2015. You disagreed with your end date in coverage of June 30, 2015 and believe it should be effective until July 31, 2016.

On October 16, 2015, a notice of telephone hearing was issued for a telephone hearing on November 3, 2015 at 1:00 pm.

On November 3, 2015, between 1:00 pm and 1:30 pm, a Hearing Officer from the Marketplace's Appeals Unit placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you.

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).

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

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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