



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004452

[REDACTED]

Dear [REDACTED]

On July 28, 2015, you made a request from the Marketplace for aid with paying your medical bills for the three month period prior to your application for health insurance dated July 28, 2015. The request was for your spouse, and was granted on August 8, 2015. The notice found your spouse eligible for Medicaid for the month of May 2015.

On August 19, 2015, the Marketplace received your updated application for financial assistance.

That same day an eligibility determination was made finding you and other members of your household eligible for Medicaid effective August 1, 2015. This was based on your reported household income of \$36,400.00.

You then enrolled yourself and the other members of your household in a Medicaid plan effective October 1, 2015 for yourself, and effective July 1, 2015 for the rest of your household.

On August 25, 2015, you requested a telephone hearing in order to request retroactive coverage under Medicaid for the month of November 2014.

On October 28, 2015, a notice of telephone hearing was issued for a telephone hearing on November 20, 2015 at 10:00 am. The hearing notice stated that you would be called at the number you provided the Marketplace.

On November 20, 2015, between 10:00 am and 10:30 am a Hearing Officer from the NY State of Health Appeals Unit with the aid of Bengali interpreters [REDACTED] placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. The message received from those calls stated that the number was no longer in service. The Hearing officer also contacted the alternate number you provided but was met with the answer that your voicemail inbox had not been set up and therefore could not leave a message.

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.

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).

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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