



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: APM00000000002

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 19, 2014, the Marketplace received your written appeal request regarding the Marketplace’s failure to provide your daughter a timely Medicaid determination from an application you attempted to submit on November 10, 2014.

On January 6, 2015, the Marketplace issued an eligibility redetermination in your case. It stated that you are eligible to purchase a qualified health plan at full cost through New York State of health. It also stated that your daughter, [REDACTED] [REDACTED] remained eligible for Medicaid effective January 1, 2015.

The Marketplace scheduled a telephone hearing on your appeal request and, on January 8, 2015, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on January 23, 2015.

On January 9, 2015, the Marketplace issued an eligibility redetermination in your case. It stated that you are eligible to purchase a qualified health plan at full cost through New York State of Health. It also stated that your daughter, [REDACTED] [REDACTED] remains eligible for Medicaid effective January 1, 2015.

Between 9:00 a.m. and 9:30 a.m. on January 23, 2015, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but

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).

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 Marketplace's January 9, 2015 eligibility determination continues in effect.

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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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