



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

**NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: August 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000627

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On March 26, 2014, the Marketplace issued you a notice which stated that additional household income information was required to determine your eligibility for health insurance.

On April 9, 2014, you appealed that determination asking for reconsideration on your eligibility for enrollment in Medicaid and you included additional information and documentation in support of your position.

The Marketplace scheduled a telephone hearing on your appeal request, and on May 30, 2014, sent you a written notice telling you that a Hearing Officer would call you at about 9:00 a.m. on June 17, 2014.

On June 8, 2014, the Marketplace issued a redetermination in your case finding you and your spouse eligible for Medicaid.

Between 9:00 a.m. and 9:30 a.m. on June 17, 2014, the Hearing Officer called the telephone number that you gave the Marketplace and was given your cellphone number to contact you. The Hearing Officer then placed three calls to that telephone number 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 Your Eligibility?**

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: 1-877-662-4886).

The Marketplace's most recent 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. No further action will be taken on it by the Marketplace.

## **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

## **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 Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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