



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 4, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000636

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 6, 2014, the Marketplace issued an eligibility determination on your December 12, 2013 application for health insurance. It found that, with a household income of \$96,000.00, you were eligible to enroll in a qualified health plan through the Marketplace with an advance premium tax credit of \$0.00 per month but ineligible for cost-sharing reductions or Medicaid.

On April 29, 2014, the Marketplace issued an eligibility redetermination on a household income of \$0.00. It found your spouse conditionally eligible for Medicaid but you and your three children eligible for Medicaid coverage for emergency medical conditions only.

On May 2, 2014, you wrote to the Marketplace to appeal the determination insofar as it stated that you were not eligible to enroll in a medical plan and that your children were not eligible for full Medicaid.

The Marketplace scheduled a telephone hearing on your appeal request and on May 28, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 10:30 am on June 13, 2014.

Between 10:32 am and 10:56 am on June 13, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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).

## **How does this Dismissal Affect Your Eligibility?**

The April 29, 2014 eligibility determination is sustained. However, it has been superseded by the Marketplace's subsequent determinations.

## **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**

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).

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]

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