



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000693

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

Dear [REDACTED],

On May 28, 2014, the Marketplace issued a notice of eligibility redetermination on your application for health insurance.

In that notice, the Marketplace determined that you were no longer eligible to qualify for Medicaid, but that your existing Medicaid coverage would continue until December 31, 2014. The notice added that you remained eligible for Medicaid because once an individual has been determined to be eligible for Medicaid, that individual will remain eligible for benefits for twelve continuous months from the date that they were determined to be eligible.

You appealed this determination, and on June 6, 2014, the Marketplace sent you a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 23, 2014 at 9:00 am.

On June 23, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you on three occasions between 9:00 and 9:30 am at the phone number you provided to the Marketplace.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace’s May 28, 2014 eligibility redetermination continues in effect.

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).

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 Decision Has Been Provided To:

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

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