



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: AP000000000713

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 13, 2014, the Marketplace issued a notice acknowledging receipt of your February 12, 2014 application and stating that, because the income information you had provided did not match what New York State of Health obtained from State and Federal data sources, an eligibility determination could not be made until you provided, or the Marketplace could confirm, additional information.

You provided additional information on February 26, 2014; March 6, 2014; and April 9, 2014. .

On April 4, 2014, [REDACTED] [REDACTED] faxed an appeal request to the Marketplace. The appeal was requested based on the delay in issuing a Medicaid determination.

The Marketplace redetermined your eligibility with the additional information that you provided and, on April 23, 2014, issued a notice confirming that you were eligible for Medicaid.

A June 16, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for July 7, 2014 at 9:00 am.

On July 7, 2014, you did not appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you and [REDACTED] at the phone

numbers provided on two separate occasions each between 9:00 am and 10:00 am. We were unable to reach either of you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 23, 2014 eligibility determination continues in effect.

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 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 reference 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: 1-877-662-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § .530.

A Copy of this Notice of Dismissal Has Been Provided To

██████████
██████████
██████████

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