



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 1, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000732

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 15, 2014, the Marketplace issued an eligibility determination in your case. It stated that you are not eligible for Medicaid because the income information you provided (\$45,000) is over the allowable limit of \$16,105. The eligibility determination also stated that based on a household income of \$45,000, you are eligible to receive up to \$14.00 of monthly advance premium tax credit but you are not eligible for cost sharing reductions.

On June 27, 2014 you appealed that determination.

The Marketplace scheduled a telephone hearing on your appeal request and on July 3, 2014 sent you a notice to tell you that a Hearing Officer would call you at about 1:00 pm on July 23, 2014.

Between 1:00 pm and 1:30 pm on July 23, 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.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 15, 2014 eligibility determination 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

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.

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).