



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: AP000000000752

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On March 7, 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 25, 2014, June 5, 2014, June 17, 2014, and June 27, 2014, the Marketplace issued notices which again stated that additional household income information was required to determine your eligibility for health insurance.

On June 16, 2014, June 26, 2014, and July 10, 2014, you uploaded additional income documentation to your Marketplace account.

On July 22, 2014, you entered an appeal, contending that the Marketplace failed provide a timely eligibility determination in your case.

On July 23, 2014, the income documentation you provided on June 16, 2014 and June 26, 2014 was verified by the Marketplace.

On July 24, 2014, the Marketplace issued a redetermination in your case and found you eligible for Medicaid.

On July 28, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing that you had requested was scheduled for August 15, 2014 at 9:00 am.

Between 9:00 a.m. and 9:30 a.m. on August 15, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number but received a busy signal each time and 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 most recent eligibility determination continues in effect. You remain eligible for Medicaid.

### **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:

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).

- 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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