



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000756

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 24, 2014, the Marketplace prepared a preliminary eligibility determination in your case. It found, pending receipt of documentation to prove your income level, that you were eligible to enroll in a qualified health plan through the Marketplace with an advance premium tax credit of \$645.00 per month and, if you selected a silver-level plan, that you were eligible for cost-sharing reductions. The eligibility determination issued on July 25, 2014 was consistent with the July 24, 2014 preliminary determination.

You appealed this determination on July 24, 2014, and on August 13, 2014 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for August 28, 2014 at 1:00pm.

On August 19, 2014, the Marketplace verified as proof of your income several documents you sent by facsimile, which included (1) a purported Agreement and General Release between [REDACTED] and yourself that stated, among other things, that your last day of employment was March 28, 2014, (2) an undated letter from the Social Security Administration reflecting your spouse's current benefit amount of \$822.00 per month, and (3) an Unemployment Insurance Monetary Benefit Determination letter, dated April 2, 2014, awarding you \$405.00 per week effective March 31, 2014.

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).

Based upon the updated information you provided the Marketplace, on August 20, 2014, the Marketplace issued a notice of eligibility redetermination finding you and your spouse Medicaid eligible, with a coverage start date of August 1, 2014.

On August 28, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three separate occasions between 1:00pm and 1:41pm. We could not reach you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 20, 2014 eligibility redetermination, which superseded the July 25, 2014 eligibility determination, continues in effect.

The August 20, 2014 eligibility redetermination says that you are eligible for Medicaid, with a coverage start date of August 1, 2014.

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.

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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 Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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