



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 22, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000821

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 4, 2013, you initially applied for health insurance without financial assistance through the Marketplace.

Between November 2013 and July 2014, you modified your application ten times.

On August 1, 2014, the Marketplace received your modified financial assistance application for health insurance and issued a preliminary determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$131.00 per month in advance premium tax credit.

On that same day, you spoke with the Marketplace Customer Service Unit and appealed that determination.

On August 2, 2014, the Marketplace issued a determination in your case that corresponded to the August 1, 2014 preliminary determination.

Between August 1, 2014 and August 27, 2014, you modified your application seven times.

The Marketplace scheduled a telephone hearing on your appeal request and, on August 19, 2014, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on September 24, 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).

On September 19, 2014, the Marketplace also received your modified application.

On September 20, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you remained conditionally eligible for Medicaid, however, additional information was required regarding your immigration status. It also said that your insurance coverage through Medicaid will begin on August 1, 2014.

Between 9:00 a.m. and 9:30 a.m. on September 24, 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 September 20, 2014 eligibility determination continues in effect. You remain conditionally eligible for Medicaid however, additional information is required regarding your immigration status. You must provide documentation confirming your immigration status before December 21, 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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