



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 7, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000884

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 23, 2014, the Marketplace issued an eligibility redetermination based on your August 22, 2014 application for health insurance. The Marketplace found that both you and your spouse were eligible to enroll in a qualified health plan, were eligible to receive (as a couple) up to \$528.00 per month in advance premium tax credits, and were eligible, if you selected a silver-level plan, cost-sharing reductions. However, you and your spouse were determined ineligible for Medicaid since your income was over allowable income limit of \$21,707.00. This redetermination was based your stated household income of \$28,537.00.

You appealed this determination on August 27, 2014, and on August 29, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 26, 2014 at 1:00 p.m.

On September 26, 2014, you modified your application to adjust your household income. On September 27, 2014, the Marketplace issued a determination finding that you and your spouse were eligible for Medicaid.

Between 1:00 pm and 1:38 pm on August 28, 2014, an impartial hearing officer placed three calls to the telephone number referenced in your Notice of Telephone Hearing. However, every attempt to connect to the number you provided the Marketplace resulted in an automated response stating that the

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phone number was disconnected or out of service. 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 August 23, 2014 eligibility redetermination continues in effect. There will be no effect on any determinations issued subsequent to August 23, 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.

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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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