



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 18, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000930

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 5, 2014, the Marketplace prepared a preliminary determination in your case. It found you eligible to receive an advance premium tax credit of \$0.00 and not eligible for cost-sharing reductions or Medicaid because you were over-income for each of these programs. The eligibility determination issued on September 6, 2014 was consistent with the September 5, 2014 preliminary determination.

On September 5, 2014, you appealed the preliminary determination.

The Marketplace scheduled a telephone hearing on your appeal request and on September 10, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 10:30 am on October 8, 2014.

A Hearing Officer contacted you at 10:36 a.m. on October 8, 2014. You requested that the hearing be held that afternoon at 3:00 p.m. and the Hearing Officer agreed to call you back at that time.

Between 3:01 p.m. and 3:35 p.m. on October 8, 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.

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's September 6, 2014 eligibility determination, setting out the information determined on September 5, 2014, has been replaced by determinations made in September and October 2014 finding you and your child eligible for Medicaid.

This decision has no effect on those later determinations.

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 of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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