



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001049

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On October 15, 2014, you submitted your application, and the Marketplace made a preliminary determination that you and your son were not eligible for financial assistance through the Marketplace. This preliminary determination was based, in part, on the Marketplace's records that you and your son were currently enrolled in Medicaid coverage, with such coverage to continue until December 31, 2014. Within your application, you attested that you and your son were currently enrolled in public coverage.

That same day, you spoke with the Marketplace's Account Review Unit and appealed this preliminary determination.

On October 16, 2014, the Marketplace issued a notice confirming that on October 15, 2014, you requested a telephone hearing to review the preliminary determination regarding your family's eligibility for Medicaid through the Marketplace.

On October 21, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for November 6, 2014 at 2:30 pm.

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 November 6, 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 to the Marketplace on three separate occasions between 2:31 pm and 3:12 pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

You were not eligible for financial assistance through the Marketplace on October 15, 2014.

This dismissal does not affect any determination made by the Marketplace after October 15, 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:

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]
[REDACTED]

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