



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001277

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 25, 2014, the Marketplace issued a notice of eligibility redetermination that you are eligible for Medicaid beginning December 1, 2014, based on updated information it received from you on December 24, 2014.

On December 26, 2014, the Marketplace prepared a preliminary eligibility redetermination based on additional updated information you provided that day. It found you eligible to receive an advance premium tax credit (APTC) up to \$311.00 monthly and, if you selected a silver level qualified health plan (QHP), for cost-sharing reductions (CSR) beginning February 1, 2015.

On December 26, 2014, you appealed the February 1, 2015 start date of APTC and CSR, and requested that the effective date of these credits be January 1, 2015.

On December 27, 2014, the Marketplace issued a disenrollment notice, which stated that your Medicaid Fee-For-Service coverage will be discontinued as of January 31, 2015.

On December 27, 2014, the Marketplace also issued a notice of eligibility redetermination that was consistent with the December 26, 2014 preliminary eligibility redetermination finding you eligible for APTC and CSR. The notice stated that your coverage would be effective February 1, 2015, and that you needed to pick a plan.

The Marketplace rescheduled the telephone hearing of January 22, 2015, based on your request and, on January 16, 2015, sent you a notice to tell you that a Hearing

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).

Officer would call you at about 3:00 p.m. on the rescheduled hearing date of February 2, 2015.

Between 3:00 p.m. and 3:40 p.m. on February 2, 2015, the Hearing Officer placed four 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?

This dismissal does not affect your eligibility to receive advance premium tax credits or cost-sharing reductions.

The Marketplace's eligibility redetermination regarding your eligibility for APTC and CSR beginning February 1, 2015, as issued on December 27, 2014, continues in effect.

This dismissal does not affect any subsequent redeterminations or enrollment notices issued by the Marketplace.

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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]