



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 20, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001315

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 31, 2014, the Marketplace redetermined your household’s eligibility for health plan enrollment in 2015 and found, in part, that two of your children, [REDACTED] and [REDACTED] remained eligible for Medicaid effective January 1, 2015.

That same day, your wife appealed the Medicaid eligibility determinations regarding your two children.

The Marketplace scheduled a telephone hearing based on the appeal request and on January 10, 2015, sent you a notice to tell you that a Hearing Officer would call you on January 27, 2015 at about 2:00 p.m.

Between 2:00 p.m. and 2:35 p.m. on January 27, 2015, the Hearing Officer placed three calls to the primary telephone number and three calls to your cellular 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The Marketplace’s December 31, 2014 eligibility redetermination that was the basis for your appeal is no longer in effect. It has been superseded (replaced) by a subsequent determination.

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).

The Marketplace's subsequent eligibility redetermination issued on January 8, 2015, continues in effect.

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]