



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001368

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 14, 2014, the Marketplace notified you that “[b]ased on the information from federal and state sources, we cannot make a decision about whether or not you qualify for financial help paying for your health coverage.” This notice requested that you update the information in your Marketplace account by December 15, 2014.

On December 21, 2014, the Marketplace reran your eligibility with information that included income information from available data sources.

On December 22, 2014, the Marketplace issued a notice of eligibility determination. It found that your children, [REDACTED] and [REDACTED] were not eligible for Medicaid, Child Health Plus, tax credits or cost-sharing reductions. It also found they were not eligible to enroll in a qualified health plan through the Marketplace at full cost. This determination was issued because “you did not respond to the renewal notice and did not complete your renewal within the required timeframe.”

On December 31, 2014, the Marketplace received a letter from you requesting an appeal of the December 22, 2014 determination, to the extent that it related to your children’s health insurance benefits. You requested that your children’s coverage continue during the appeal process.

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 January 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for January 29, 2015 at 1:00pm.

On January 29, 2015, 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 1:01 pm and 1:36pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determination issued on December 22, 2014 remains in effect.

You are encouraged, however, to submit an additional application to the Marketplace for a redetermination of your children's eligibility going forward.

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.

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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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