



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 5, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001392

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 4, 2014, you submitted an application to the Marketplace in which you requested health insurance for both yourself and your spouse. In a preliminary eligibility determination prepared that day, the Marketplace found that you, [REDACTED] were eligible for Medicaid, but that your spouse was not eligible to purchase health insurance through the Marketplace, presumably because she was already covered by Medicare.

On June 5, 2014, the Marketplace issued an eligibility determination stating that you, [REDACTED] were eligible for Medicaid. Your spouse's eligibility was not addressed.

On January 7, 2015, an application was filed on your behalf. However, your eligibility determination could not be prepared, because the application stated that neither you nor your wife were requesting health insurance.

On January 8, 2015, your application was modified to reflect that you were seeking health insurance for yourself alone.

On January 8, 2015, an appeal was filed on your behalf.

On January 9, 2015, the Marketplace issued an eligibility determination stating that you were eligible to purchase health insurance at full-cost through the

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Marketplace. It further stated that you were not eligible for any financial assistance because you were already enrolled in either Medicaid, Child Health Plus, or another program.

On January 16, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 2, 2015 at 11:00 am. The notice further stated that you would be called at the telephone number listed in your Marketplace account, [REDACTED]

On February 2, 2015, an impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace, and found that the number was no longer in service. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's January 9, 2015 eligibility redetermination remains in effect; you are eligible to enroll in a qualified health plan in the Marketplace, but you are not eligible for financial assistance.

Please note, however, the dismissal of your appeal under this notification has no effect on any subsequent Marketplace determinations issued after January 10, 2015.

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, and explain why we should do so.

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.

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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 Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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