



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001432

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

Dear [REDACTED],

On January 12, 2015, the Marketplace issued an eligibility redetermination notice in your case. That notice stated that you were newly conditionally eligible for an advance premium tax credit of up to \$209.00 per month. You were also newly conditionally eligible for cost-sharing reductions if you enrolled in a silver level health plan. The notice requested that you submit proof of your income in order to confirm your eligibility.

Also on January 12, 2015, you called the Marketplace's Account Review Unit and appealed that determination because you wanted a continuation of your previous Medicaid coverage and not an advance premium tax credit.

On January 28, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 19, 2015 at 1:00 p.m.

On February 9, 2015 you uploaded proof of your income to your Marketplace account, which was verified by the Marketplace on February 11, 2015.

On February 12, 2015, an eligibility redetermination notice was issued that stated you would remain eligible for Medicaid effective February 1, 2015.

On February 17, 2015, a confirmation of coverage letter was issued. That letter stated that you are fully eligible for Medicaid.

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).

Between 1:00 p.m. and 1:30 p.m. on February 19, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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?**

Your appeal of the January 12, 2015 eligibility determination is dismissed.

The February 12, 2015 eligibility redetermination remains in effect. You are eligible for Medicaid effective February 1, 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. 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]  
[REDACTED]

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