



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001453

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On November 3, 2014, the Marketplace reran your eligibility for health insurance coverage in 2015.

On November 4, 2014, the Marketplace issued an eligibility determination notice stating: [REDACTED] and [REDACTED] no longer qualify for health care coverage under Medicaid, Child Health Plus or tax credits or cost-sharing reductions. However, you qualify to buy a health plan at full cost on NY State of health. [REDACTED] and [REDACTED] now qualify for health coverage in a full-price Child Health Plus plan.

On January 13, 2015, you spoke to the Marketplace Account Review Unit and appealed that determination.

On January 28, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for February 18, 2015, at 1:00 am.

On February 18, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer from the Marketplace Appeals Unit attempted to contact you at the phone number provided. However, an individual answered the telephone and stated that an appeal is no longer needed and terminated the telephone call.

Accordingly, we are dismissing your case.

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's November 4, 2014, eligibility determination continues in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference 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]

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