



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: AP000000001475

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

Dear [REDACTED],

On August 1, 2014, you applied for health insurance through the Marketplace. On August 2, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective August 1, 2014.

On October 16, 2014, you reapplied for health insurance through the Marketplace for yourself and your child.

On November 30, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid coverage for the treatment of emergency medical conditions only, and your child, [REDACTED], is eligible for Medicaid.

On January 15, 2015, you filed an appeal regarding your Medicaid coverage effective date with the Marketplace's Account Review Unit.

On January 23, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for February 11, 2015, at 11:00 a.m.

On February 11, 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. However, an automated message indicated that the telephone number provided was unable to accept telephone calls at that time. Therefore, we were unable to reach you.

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).

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's November 30, 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

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).

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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