



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001521

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

Dear [REDACTED]. [REDACTED],

On November 4, 2014, the Marketplace received your initial application for health insurance.

Between November 5, 2014 and January 20, 2015, your application was modified several times.

On January 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the Marketplace's failure to provide you timely notice of your eligibility determination.

Between January 21, 2015 and January 24, 2015, your application was modified several more times.

On January 25, 2015, the Marketplace sent you a notice that you might be eligible for health insurance through New York State of Health but that more income information was needed to make a determination.

On January 26, 2015, you modified your application several more times.

On January 27, 2015, the Marketplace issued an eligibility determination notice, which stated that you are eligible for Medicaid effective January 1, 2015.

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: 1-877-622-4886).

On February 25, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 17, 2015 at 9:00 a.m.

Between 9:00 a.m. and 9:30 a.m. on March 17, 2015, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace, 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 My Eligibility?

The Marketplace's January 27, 2015 eligibility determination continues in effect.

Any later determinations are not affected by the withdrawal of your appeal.

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, and the Marketplace will take no further action on your appeal.

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 of Dismissal Has Been Provided To:

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

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