



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001858

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 28, 2014, the Marketplace issued an eligibility determination notice stating you were not eligible for Medicaid, but eligible to receive an advance premium tax credit of up to \$61.00 per month effective January 1, 2015.

On February 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as did not continue your Medicaid eligibility through February 28, 2015.

On February 25, 2015, the Marketplace issued an eligibility redetermination notice that stated you are eligible to receive \$0.00 in advance premium tax credit per month.

On March 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 7, 2015 at 3:00 p.m.

Between 3:00 p.m. and 3:30 p.m. on April 7, 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.

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).

How does this Dismissal Affect My Eligibility?

The Marketplace's February 25, 2015 enrollment confirmation notice continues in effect.

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.

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: 1-877-622-4886).

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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