



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001928

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED] [REDACTED]

On March 3, 2015, the Marketplace prepared a preliminary eligibility determination based on your March 3, 2015 application. It found that you were eligible for Medicaid, based on expected annual income of \$17,000.00, with such coverage beginning March 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the March 3, 2015 preliminary determination insofar as you were found not eligible to enroll in a qualified health plan (QHP) as a result of your Medicaid eligibility.

On March 4, 2015, the Marketplace issued a notice of eligibility determination that stated, "[y]ou are no longer eligible for Medicaid. However, we will continue Medicaid coverage until January 31, 2016." The notice further stated that your eligibility for Medicaid was effective as of March 1, 2015.

On March 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 13, 2015 at 10:00 a.m.

On April 13, 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 to the Marketplace on three separate occasions between 10:01 a.m. and 10:32 a.m. We were unable able 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 appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's March 4, 2015 eligibility determination remains 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. 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:

- 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 Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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