



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: AP000000001930

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

Dear [REDACTED] [REDACTED],

On January 8, 2015, the Marketplace issued a renewal notice in your case. That notice stated that based on the information from federal and state sources, the Marketplace could not make a decision about whether you qualified for financial help paying for your health coverage. The notice advised you to update your account by February 15, 2015, or the financial assistance you were getting might end.

On February 17, 2015, the Marketplace issued an eligibility determination notice in your case that stated you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you did not respond to the renewal notice and did not complete your renewal within the required timeframe.

On March 3, 2015, an appeal was requested on your behalf regarding the February 17, 2015 eligibility determination.

On March 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 8, 2015 at 2:00 p.m.

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).

On April 8, 2015, a Hearing Officer attempted to call the number that you gave the Marketplace but the call was unable to be completed because the number was not in service. We were therefore unable to reach you at the number you provided.

If you provide the Marketplace a phone number where we can reach you within 30 days of this Notice, your hearing will be rescheduled and a new Notice of Hearing will be sent to you.

Failure to provide a contact number within 30 days will result in a dismissal of your appeal.

How does this Dismissal Affect Your Eligibility?

If you provide a working contact phone number within 30 days, this matter will be rescheduled. If you fail to provide a working number within 30 days, the Marketplace's February 17, 2015 eligibility determination notice will remain 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.

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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 Has Been Provided To:

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

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