



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: AP000000001956

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 5, 2015, you requested an appeal of the preliminary eligibility determination that was prepared on that day which found you ineligible for Medicaid.

On March 6, 2015, the Marketplace issued an eligibility determination notice that stated you were eligible to purchase a qualified health plan at full cost. You were not eligible for Medicaid because you were over the age limit for obtaining Medicaid through the Marketplace, as opposed to through your local department of social services.

On March 16, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 10, 2015 at 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m. on April 10, 2015, a Hearing Officer called the telephone number that you gave the Marketplace with the assistance of a Spanish Interpreter. The Hearing Officer placed three calls to that telephone number 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: 1-877-662-4886).

## **How does this Dismissal Affect Your Eligibility?**

The March 6, 2015 eligibility determination notice remains in effect.

You remain eligible to purchase a qualified health plan at full cost.

## **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

## **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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