



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002004

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

Dear [REDACTED],

On March 29, 2014, your daughters were determined eligible for Medicaid Fee for Service effective March 1, 2014.

On December 11, 2014, the Marketplace cancelled your daughters' enrollment in Medicaid Fee for Service retroactive to April 30, 2014, because the system showed that they had third party insurance coverage with Aetna.

On March 11, 2015, you appealed your daughters' cancellation of Medicaid coverage insofar as you want their coverage restored so that the penalty imposed by the IRS for not having health insurance coverage for them can be cancelled.

The Marketplace scheduled a telephone hearing and sent you notice on March 28, 2015, telling you that a Hearing Officer would call you on April 22, 2015 at about 2:00 p.m.

Between 2:00 p.m. and 2:30 p.m. on April 22, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number 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 Your Eligibility?

This dismissal does not affect your daughters' cancellation of health insurance coverage under Medicaid effective April 30, 2014.

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).

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 of Dismissal Has Been Provided To

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