



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: AP000000002012

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 3, 2015, the Marketplace issued a notice of eligibility determination based on your January 2, 2015 application. It found that you were “not eligible to receive help to pay or to enroll in a qualified health plan at full cost through New York State of Health.” The notice further stated that you were not qualified to receive financial assistance or to enroll in a plan through the Marketplace because it had been determined that you were “already enrolled in or eligible for a public insurance program such as Medicare.”

On March 2, 2015, the Marketplace received a letter from you stating that you did not agree with the January 3, 2015 eligibility determination and wanted to request an appeal.

On March 18, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 13, 2015 at 3:00 p.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 3:06 p.m. and 3:36 p.m. We were unable able to reach you.

Accordingly, 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 Marketplace's eligibility determination issued on January 3, 2015 remains in effect.

The dismissal of your appeal has no effect on any subsequent Marketplace determinations issued on or after January 3, 2015, including the March 14, 2015 eligibility determination finding you eligible for Medicaid beginning March 1, 2015.

## **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.

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).

**A Copy of this Notice Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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).