



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002202

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination, which stated that you were not eligible for Medicaid through NY State of Health. The notice further stated that you no longer qualified to receive financial assistance to help pay for your insurance because you had not responded to the renewal notice and had not completed your renewal within the required timeframe.

On February 25, 2015, the Marketplace received your written request to appeal this determination insofar as it denied your eligibility for Medicaid.

On March 31, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 23, 2015 at 3:00 p.m.

At around 3:00 p.m. on April 23, 2015, a Hearing Officer attempted to place a call to the telephone number that you gave the Marketplace, but was unable to reach you because the number you provided was not a working number.

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: 1-877-622-4886).

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

The Marketplace's February 17, 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, and the Marketplace will take no further action on your appeal.

## **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

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## **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]

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