



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: AP000000002266

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 11, 2015, the Marketplace issued a renewal notice in your case. That notice stated that based on the information from federal and state data sources, the Marketplace could not make a decision about whether or not you qualify for financial help paying for your health coverage. The notice advised you to update your account by March 15, 2015 or the financial assistance you were receiving might end.

On March 17, 2015, the Marketplace issued an eligibility determination notice in your case. The notice stated that 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 and you could not enroll in a qualified health plan at full cost. This is because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result you no longer qualified to receive financial assistance to help pay for your coverage.

On March 30, 2015, the Marketplace's Account Review Unit received your written request to appeal the discontinuance of your Medicaid benefits.

On April 14, 2015 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 6, 2015 at 1:00 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).

Between 1:00 p.m. and 1:30 p.m. on May 6, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number but that number was not accepting calls at that time. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's March 17, 2015 eligibility determination continues in effect.

You are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance and you cannot enroll in a qualified health plan at full cost.

Please note, the reason why the Marketplace did not reach a determination on your eligibility for financial assistance is because your Marketplace account has not been updated as requested in the February 11, 2015 notice. You can update your account online or by calling the Marketplace's Customer Service Center at the phone number listed below.

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]

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