



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

**NOTICE OF DISMISSAL – FAILURE TO APPEAR and INVALID
APPEAL REQUEST**

Notice Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003719

[REDACTED]

Dear [REDACTED],

On December 5, 2014, the Marketplace issued an eligibility determination notice stating that you and your spouse were conditionally eligible to receive up to \$597.00 per month in Advance Premium Tax Credits and Cost-Sharing Reductions, effective January 1, 2015. You and your spouse were not eligible for Medicaid. You appealed this determination in a written request on June 26, 2015.

On September 11, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 9, 2015 at 3:00p.m.

At 3:00 p.m. on October 9, 2015, when a Hearing Officer placed a call to the phone number you provided to the Marketplace, a person answered and stated that you were not home. The Hearing Officer asked for your availability but the person hung the phone up without providing an answer.

Furthermore, individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by the Marketplace (45 CFR § 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

The most recent eligibility determination in your account is dated December 5, 2014. For an appeal to have been valid on the issue of your eligibility for financial assistance, an appeal should have been filed by February 3, 2015. According to

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the credible evidence in the record, you did not submit an appeal request until June 26, 2015, which was well beyond 60 days from the December 5, 2014 eligibility determination regarding your eligibility for Medicaid.

Since you did not appear for your hearing as scheduled and because your appeal request was untimely, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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