



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004358

[REDACTED]

Dear [REDACTED],

On April 21, 2015, the Marketplace received your application for financial assistance.

That same day an eligibility determination was rendered finding you and your spouse conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$630.00 per month effective June 1, 2015. Your daughter was found to be no longer eligible for Medicaid but that she would continue to receive coverage until March 31, 2016. This eligibility was effective April 1, 2015.

On August 17, 2015, you contacted the Marketplace's Account Review and appealed the April 21, 2015 eligibility determination. You requested an appeal of a pending determination of retroactive Medicaid for the months prior to September 2014. You had unpaid medical bills for the months of June, July, and August which were left unpaid and you had yet to hear about the status of those claims and whether they had been approved.

On October 24, 2015, a notice of telephone hearing was issued for a telephone hearing on November 17, 2015 at 1:00 pm. The hearing notice stated that you would be called at the number you provided the Marketplace.

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).

On November 17, 2015, between 1:00 pm and 1:30 pm a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to 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 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:

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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 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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