



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

## Notice of Dismissal – Failure to Appear

Notice Date: July 3, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000545

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On March 27, 2014, the Marketplace issued an eligibility determination in your case. It stated that you were eligible to enroll in a qualified health plan through the Marketplace and eligible for up to \$94.00 in advance premium tax credit, but ineligible for Medicaid and cost-sharing reductions.

On April 1, 2014, you appealed the determination.

The Marketplace scheduled a telephone hearing on your appeal request and on April 21, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 1:00 p.m. on May 9, 2014.

Between 1:00 p.m. and 1:40 p.m. on May 9, 2014, the hearing officer placed three calls to the telephone number that you gave the Marketplace, but was unable to reach you. Notes in your file indicate that you wanted to appoint your brother as an Authorized Representative and that you had provided a phone number to reach him. A hearing officer also attempted to contact your brother at 1:20 p.m. at the number you provided. We could not reach him.

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 27, 2014 eligibility determination continues 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. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference 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

## **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 of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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