



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 8, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000589

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 28, 2014, the Marketplace prepared a preliminary determination in your case. The eligibility determination issued on April 18, 2014 was consistent with the March 28, 2014 preliminary determination.

The Marketplace determined that you were temporarily eligible to enroll in a qualified health plan through the Marketplace with advance premium tax credit of up to \$0.00 per month but advised you to submit proof of citizenship by July 19, 2014 to remain eligible for health insurance through the Marketplace.

On April 17, 2014, you appealed the preliminary determination.

On May 7, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 23, 2014 at 10:30am. Between 10:31 am and 11:03 am on May 23, 2014, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. You then called Marketplace Customer Service and asked to have your hearing rescheduled.

On June 16, 2014, the Marketplace issued another Notice of Telephone Hearing to advise you that the hearing you requested was now scheduled for July 9, 2014 at 1:00 pm.

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).

On June 17, 2014, the Marketplace issued a notice of eligibility redetermination, which was identical in its findings with the March 28, 2014 eligibility determination.

On July 9, 2014, you again failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three (3) separate occasions between 1:00 pm and 1:30 pm. We could not reach you.

Accordingly we are dismissing your case.

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

The Marketplace's June 17, 2014 eligibility determination, which was identical in its findings to the March 28, 2014 eligibility determination, continues in effect.

### **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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.

### **How to Contact the Marketplace**

You can contact us in any of the following ways:

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).

- 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 Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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