



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

Notice of Dismissal – Failure to Appear

Notice Date: July 28, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000609

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

Dear [REDACTED],

On April 1, 2014, you applied for health insurance through the NY State of Health Marketplace.

On April 2, 2014, the Marketplace issued an eligibility determination notice stating you are eligible to receive up to \$146.00 monthly of advanced premium tax credit (APTC), which is a tax credit to help pay for the cost of your insurance. However, you have selected catastrophic coverage in lieu of using advanced premium tax credits and any cost-sharing reductions to help pay for your health insurance.

On April 15, 2014, you reapplied for health insurance through the NY State of Health Marketplace.

On April 16, 2014, the Marketplace issued an eligibility determination notice stating you are eligible to enroll in a qualified health plan through NY State of Health. You are not eligible for to receive tax credits to help pay for the cost of your insurance because Individual Duplicate Coverage.

On April 28, 2014 you appealed the Marketplace's April 16, 2014 eligibility determination.

A May 14, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for June 3, 2014 at 1:00 pm.

On June 3, 2014, you 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 separate occasions between 1:00 pm and 2:00 pm. We could not reach you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 16, 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 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

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 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.

A Copy of this Notice of Dismissal Has Been Provided To

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[REDACTED]
[REDACTED]
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