



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000649

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 1, 2014, the Marketplace issued an eligibility redetermination on your April 30, 2014 application for health insurance.

The Marketplace determined that you were eligible to enroll in a qualified health plan, receive up to \$129.00 in advance premium tax credits per month and, if you selected a silver-level plan, to receive cost-sharing reductions.

You appealed this determination, and on May 28, 2014, the Marketplace sent you a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 18, 2014 at 1:00 pm.

On May 28, 2014, the Marketplace uploaded to your account an Authorized Representative Designation Form received from you on March 6, 2014, which designated [REDACTED] as your authorized representative. Unfortunately, we could not accept this form as you did not sign it.

Between 1:04 pm and 1:33 pm on June 18, 2014, the Hearing Officer placed three calls to the telephone number that you gave 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 Your Eligibility?

The Marketplace's May 1, 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 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
Albany, NY 12211
- By fax: 1-855-900-5557

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).

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 Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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