



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 26, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000694

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 4, 2014, the Marketplace issued an eligibility determination showing that, with a household income of \$27,310.00, you were temporarily eligible to enroll in a qualified health plan with an advance premium tax credit and cost-sharing reductions, and that your son was eligible for Child Health Plus.

On May 29, 2014, the Marketplace redetermined your eligibility and found that you were temporarily eligible to enroll in a qualified health plan with an advance premium tax credit and cost-sharing reductions, and that your son was presumptively eligible for Child Health Plus. These findings appear in notices dated May 30, 2014.

You spoke with Marketplace Customer Service on May 29, 2014, and appealed these determinations.

On June 23, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested to be rescheduled was set for July 16, 2014 at 9:00 am.

On July 16, 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 9:00 am and 9:40 am. We could not reach you.

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).

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The May 30, 2013 notices of redetermination continue in effect.

You are temporarily eligible to enroll in a qualified health plan with an advance premium tax credit of up to \$247.00 per month and cost-sharing reductions. Your son is presumptively eligible for Child Health Plus.

If you have not submitted the additional information requested by the Marketplace, you are encouraged to do so.

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:

- 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
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- 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 Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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