



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: AP000000000737

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On June 26, 2014, the Marketplace issued an eligibility determination which found that based on a reported household income of \$41,340.00, you were eligible to enroll in a qualified health plan, receive up to \$578.00 monthly of advanced premium tax credit, and cost-sharing reductions.

On June 30, 2014, the Marketplace made a preliminary redetermination that, with a reported household income of \$126,340.00, you and your spouse were eligible to enroll in a qualified health plan but ineligible for an advance premium tax credit.

On June 30, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request.

On July 1, 2014, the Marketplace issued the notice of eligibility redetermination that you are eligible to enroll in a qualified health plan, but ineligible to receive tax credits.

A July 1, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for July 23, 2014 at 9:00 am.

On July 23, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number

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).

provided on three separate occasions each between 9:00 am and 10:00 am. We were unable to reach you or your spouse.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's July 1, 2014 eligibility redetermination 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
- By mail at:

NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211

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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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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