



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: AP000000000740

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 26, 2014, the Marketplace issued an eligibility determination on your January 21, 2014 application for health insurance. It found that, with a household income of \$42,800.04, you were eligible to enroll in a qualified health plan through the Marketplace with an advance premium tax credit of \$39.00 per month but ineligible for cost-sharing reductions or Medicaid.

On June 17, 2014, the Marketplace issued an eligibility redetermination based upon your updated application submitted on June 16, 2014, in which you revised your household income to \$10,530.00. Accordingly, you were found eligible for Medicaid, with such coverage beginning on June 1, 2014.

You appealed this determination, and on July 31, 2014 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for August 18, 2014 at 9:00 am.

On August 18, 2014, an impartial hearing officer attempted to contact you at the phone number you provided at 9:03 am. A family member answered stating that you were not present and would be unavailable for the remainder of the day. 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 January 26, 2014 and June 17, 2014 eligibility determinations continue 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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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).