



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 15, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000750

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 22, 2014, you submitted an application for health insurance to the Marketplace.

That same day, the Marketplace prepared a preliminary eligibility determination. The Marketplace determined that you and your husband were eligible to enroll in a qualified health plan, to receive up to \$366.00 in advanced premium tax credits per month, and to get cost-sharing reductions provided you enrolled in a silver level health plan. Your children were eligible for Child Health Plus. An eligibility determination notice issued on July 23, 2014 reflects the information from that preliminary eligibility determination.

On July 22, 2014, your navigator appealed the preliminary determination on your behalf, and on August 7, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that a hearing had been scheduled for you on August 25, 2014 at 1:00 pm.

On August 25, 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 1:45 pm. We could not reach you.

Accordingly, we are dismissing your appeal.

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).

How does this Dismissal Affect Your Eligibility?

On July 28, 2014 and on August 12, 2014, after your navigator requested a hearing, information in your Marketplace account was changed. Therefore, the July 22, 2014 preliminary eligibility determination that you was appealed is no longer in effect.

The notice that was issued on August 13, 2014 as a result of these changes remains in effect. That notice states that in order to determine your eligibility for financial assistance, more information about your household's income is needed. You were asked to submit this additional documentation by August 30, 2014.

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:
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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