



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000762

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 27, 2014, the Marketplace issued a notice of eligibility determination based on your July 26, 2014 application for health insurance. It found that, with a household income of \$27,040.00, you were eligible to enroll in a qualified health plan through the Marketplace with an advance premium tax credit of \$201.00 per month and, if you enrolled in a silver-level plan, cost-sharing reductions. On July 28, 2014, the Marketplace issued another notice containing the same determination.

You appealed this determination, and on August 13, 2014 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for August 28, 2014 at 9:00 am.

Between 9:02 am and 9:41 am on August 28, 2014, an impartial hearing officer placed three calls to the telephone number included within your Notice of Telephone Hearing, dated August 13, 2014. However, since the area code of that phone number appeared to have been entered in error, the hearing officer also made three attempts during that time to contact you at the phone number provided by you in your online account. In each case, we could not reach you. Since you did not appear for your hearing as scheduled, 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?

The Marketplace's July 27, 2014 and July 28, 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

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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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