



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000763

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 10, 2014, you initially filed an application for health insurance through the Marketplace for yourself only. The Marketplace issued a preliminary determination that based on a household of \$70,399.56, you are eligible to enroll in a qualified health plan (QHP) without financial assistance.

On February 11, 2014, you reapplied for health insurance through the Marketplace. On February 12, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$70,400.08, you are eligible to enroll in a QHP, not eligible to receive APTC, and not eligible to receive CSR.

On July 28, 2014, you reapplied for health insurance through the Marketplace. On July 29, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$55,930.04, you are eligible to enroll in a QHP, receive up to \$0.00 monthly of APTC, and not eligible for cost-sharing reductions.

On July 28, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request.

An August 13, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for September 5, 2014 at 10:30 am.

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).

On September 5, 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 each between 10:30 am and 11:30 am. We were unable to reach either of you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's July 29, 2014 eligibility determination 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
- 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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