



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 22, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000776

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On June 13, 2014, you initially applied for health insurance through the Marketplace.

On July 31, 2014, the Marketplace received your modified application for health insurance and issued a preliminary determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$316.00 per month in advance premium tax credit. It also said that you were eligible for cost-sharing reductions.

On July 31, 2014, you spoke with the Marketplace Customer Service Unit and appealed that determination.

On August 1, 2014, the Marketplace issued a determination in your case that corresponded to the July 31, 2014 preliminary determination.

The Marketplace scheduled a telephone hearing on your appeal request and, on August 13, 2014, sent you a notice to tell you that a Hearing Officer would call you at 1:00 p.m. on September 5, 2014.

On September 5, 2014, you spoke with the Marketplace Customer Service Unit and requested that your hearing be postponed.

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).

The Marketplace then rescheduled a telephone hearing on your appeal request and, on September 5, 2014, sent you a notice to tell you that a Hearing Officer would call you at 10:30 a.m. on September 24, 2014.

Between 10:30 a.m. and 11:00 a.m. on September 24, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

On October 2, 2014, you reapplied through the Marketplace and a new preliminary determination was made finding you eligible for Medicaid.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's August 1, 2014 eligibility determination remains unchanged.

This decision does not affect any determinations made by the Marketplace after August 1, 2014.

### **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.

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## **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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