



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 20, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000778

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 31, 2014, the Marketplace prepared a preliminary eligibility redetermination based on your July 31, 2014 application for health insurance. This preliminary determination found that you were eligible to enroll in a qualified health plan, eligible to receive up to \$257.00 per month of advance premium tax credit, and, if you selected a silver-level plan, eligible for cost-sharing reductions. You were, however, found ineligible for no-cost health insurance through Medicaid.

This determination was based, in part, on your household income of \$23,500.00 as attested within your July 31, 2014 application.

That same day, an appeal of the July 31, 2014 preliminary determination was filed on your behalf.

The Marketplace sent you a notice of eligibility redetermination on August 1, 2014, the findings of which were consistent with the July 31, 2014 preliminary determination.

On August 14, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 2, 2014 at 1:00 pm. However, prior to the scheduled hearing on September 2, 2014, you contacted the Marketplace to request a new hearing date.

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).

Accordingly, on September 2, 2014, the Marketplace issued a new Notice of Telephone Hearing to advise you that the hearing you requested was now scheduled for September 22, 2014 at 10:30 am. again, prior to the scheduled hearing date, you contacted the Marketplace to request a new hearing date.

Accordingly, on September 19, 2014, the Marketplace issued a new Notice of Telephone Hearing to advise you that the hearing you requested was now scheduled for October 9, 2014 at 2:30 pm.

Between 2:30 pm and 3:10 pm on October 9, 2014, the Hearing Officer placed three calls to the updated telephone number you provided to the Marketplace in advance of the scheduled hearing, but was unable to reach you. The Hearing Officer also made an attempt to contact you at the telephone number listed in the September 19, 2014 Notice of Telephone Hearing, but could not reach you.

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 August 1, 2014 eligibility determination continues 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.

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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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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