



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 8, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000783

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 4, 2014, the Marketplace prepared a preliminary eligibility determination on your application for health insurance. The Marketplace determined that you were eligible to enroll in a qualified health plan and eligible for up to \$31.00 in advance premium tax credits (APTC) per month. An eligibility redetermination notice that was issued on August 5, 2014 was consistent with that preliminary eligibility determination.

On August 4, 2014, you appealed the preliminary eligibility determination.

On September 2, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for October 2, 2014 at 9:00 a.m.

Between 9:00 a.m. and 9:45 a.m. on October 2, 2014, a Hearing Officer called the telephone number that you gave the Marketplace three times, but was unable to 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 August 5, 2014 eligibility determination remains in effect.

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).

You remain eligible to enroll in a qualified health plan. You are eligible to receive up to \$31.00 per month in APTC.

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.

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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