



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 11, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000788

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

Dear [REDACTED],

On August 5, 2014, the Marketplace prepared a preliminary eligibility determination in your case. It found, pending receipt of documentation to prove your income level, that you were eligible to enroll in a qualified health plan through the Marketplace, with an advance premium tax credit of \$143.00 per month and, if you selected a silver-level plan, cost-sharing reductions. The notice of eligibility determination issued on August 6, 2014 was consistent with the August 5, 2014 preliminary determination.

You appealed this determination on August 5, 2014, and on August 15, 2014 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 4, 2014 at 1:00pm.

On September 4, 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 between 1:02pm and 1:42pm. We could not reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 6, 2014 eligibility determination continues in effect.

You must provide income documentation to prove your income level by November 6, 2014 in order to complete your application for health insurance through the Marketplace.

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

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 of Dismissal Has Been Provided To

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

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