



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 24, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000827

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 7, 2014, you applied for health insurance through the New York State of Health Marketplace.

On August 8, 2014, the Marketplace issued an eligibility determination for your three children, which found that they were eligible to be enrolled in Child Health Plus, with a premium of \$45.00 per month. Also on August 8, 2014, the Marketplace issued a second eligibility determination, in which you and your wife were found eligible to enroll in a Qualified Health Plan (QHP) and to receive up to \$167.00 in advance premium tax credits (APTC) and, provided you selected a silver-level QHP, to be eligible for cost-sharing reductions (CSR).

On August 13, 2014, you modified your application to adjust your income.

On August 13, 2014, the Marketplace prepared a preliminary determination on your August 13, 2014 application for health insurance. The Marketplace determined that you and your wife were eligible to enroll in a QHP, to receive up to \$288.00 in APTC per month, and, provided you selected a silver-level QHP, to be eligible for CSR.

On that same day, you appealed that preliminary determination.

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 issued a written eligibility determination on August 14, 2014, which was consistent with the August 13, 2014 preliminary determination.

On August 19, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 18, 2014 at 9:00 a.m.

On September 18, 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 9:00 a.m. and 9:45 a.m. We could not reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's August 14, 2014 eligibility determination, setting out the information determined on August 13, 2014, continues in effect, as does the Marketplace's subsequent September 3, 2014 notice of eligibility redetermination, which is consistent with the August 14, 2014 notice of eligibility determination.

### **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 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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**This Notice of Dismissal Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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