



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000848

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On July 15, 2014, the Marketplace issued a notice of eligibility determination based, in part, on the statement in your application that your expected income for 2014 was \$23,400.00. You were eligible to receive up to \$245.00 per month of advance premium tax credit and, if you selected a silver-level plan, eligible for cost-sharing reductions.

However, you were also found ineligible to enroll in a qualified health plan through the Marketplace at this time since you did not meet the requirements to qualify for a special enrollment period outside of the open enrollment period.

On August 19, 2014, you appealed the Marketplace's July 15, 2014 eligibility determination.

On August 20, 2014, the Marketplace issued two Notices of Telephone Hearings; the first to advise you that the hearing you requested was scheduled for September 9, 2014 at 9:00 am, the second that it was scheduled for September 19, 2014 at 9:00 am.

On September 19, 2014, a Hearing Officer contacted you at the phone number you provided the Marketplace. You requested to reschedule the hearing date since you were not prepared to proceed at that time. Accordingly, on October 2, 2014, the Marketplace issued a new Notice of Telephone Hearing to advise you

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).

that the hearing you requested was rescheduled for October 20, 2014 at 9:00 am.

On October 20, 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 each between 9:08 am and 9:43 am. We were unable to reach you.

Accordingly, we are dismissing your appeal.

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

The Marketplace's July 15, 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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