



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000861

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 21, 2014, the Marketplace prepared a preliminary determination on your application for health insurance. The Marketplace determined that you continued to be eligible to enroll in a qualified health plan, you were eligible to receive tax credits, but that amount was determined to be \$0.00, and you were not eligible for cost-sharing reductions because your reported income was over the allowable income limit for this subsidy. You were also determined to be over the allowable income limit for Medicaid. The eligibility determination notice issued on August 22, 2014 confirmed the information from that preliminary eligibility determination.

On August 21, 2014, you appealed the preliminary determination.

On August 28, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 24, 2014 at 10:30 a.m.

Between 10:30 a.m. and 11:05 a.m. on September 24, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number but was unable to reach you and was only able to leave a message each time. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 22, 2014 eligibility determination, setting out the information determined on August 21, 2014, continues in effect.

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.

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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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