



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: December 23, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000869

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

Dear [REDACTED],

On March 15, 2014, you applied for health insurance through the Marketplace.

On March 16, 2014, the Marketplace issued an eligibility determination in your case. It said that you were eligible for Medicaid based on a household income of \$14,744.08.

On June 16, 2014, the Marketplace received your modified application.

On June 17, 2014, the Marketplace issued a notice of eligibility determination in your case stating that you were eligible to enroll in a qualified health plan through the Marketplace and you were eligible to receive \$169.00 monthly in advance premium tax credit to help pay for the cost of insurance.

On July 20, 2014, the Marketplace issued an eligibility redetermination in your case stating that you remained eligible to enroll in a qualified health plan through the Marketplace and you were still eligible to receive \$169.00 monthly in advance premium tax credit to help pay for the cost of insurance.

On August 22, 2014, you spoke with the Marketplace Account Review Unit and appealed that 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 scheduled a telephone hearing on your appeal request and, on August 27, 2014, sent you a notice to tell you that a Hearing Officer would call you at 1:00 p.m. on September 17, 2014.

Between 1:00 p.m. and 1:30 p.m. on September 17, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace 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 Marketplace's July 20, 2014 eligibility determination continues in effect. You remain eligible for \$169.00 monthly in advance premium tax credit.

### **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.

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 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.

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).

**A Copy of this Notice of Dismissal Has Been Provided To**

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

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).