



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: AP000000000873

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 16, 2014, you applied for health insurance through the Marketplace.

On August 17, 2014, the Marketplace issued two eligibility determinations in your case. The first notice said that you and your spouse were eligible to enroll in a qualified health plan and were eligible for up to \$169.00 monthly in advance premium tax credit to help pay for the cost of insurance. The second notice said that your children were eligible to enroll in Child Health Plus at full cost.

On August 23, 2014, you spoke with the Marketplace Customer Service Unit and appealed that determination.

On August 26, 2014, the Marketplace received your modified application.

On August 27, 2017, the Marketplace issued an eligibility redetermination in your case. It said that you and your spouse remained eligible to enroll in a qualified health plan. It also said that you remained eligible for up to \$169.00 monthly in advance premium tax credit to help pay for the cost of insurance.

The Marketplace scheduled a telephone hearing on your appeal request and, on August 29, 2014, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on September 22, 2014.

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).

Between 9:00 a.m. and 9:30 a.m. on September 22, 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 August 27, 2014 eligibility determination continues in effect. You and your spouse remain eligible for up to \$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.

## **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

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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 of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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