



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 31, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000889

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

Dear [REDACTED],

On August 1, 2014, you initially applied for health insurance for yourself through the Marketplace.

You modified your application several times and on August 25, 2014, the Marketplace received your modified application for health insurance and issued a preliminary determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$263.00 per month in advance premium tax credit.

On that same day, you spoke with the Marketplace Customer Service Unit and appealed that determination.

On August 26, 2014, the Marketplace issued a determination in your case that corresponded to the August 25, 2014 preliminary determination.

Between August 25, 2014 and September 14, 2014, you modified your application several times.

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 30, 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).

The Marketplace issued subsequent eligibility redeterminations in your case in September and October.

Between 9:00 a.m. and 9:30 a.m. on September 30, 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The Marketplace's August 26, 2014 eligibility determination has been replaced by subsequent eligibility determinations. This dismissal does not affect any eligibility determinations made after August 26, 2014.

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 of Dismissal Has Been Provided To

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

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