



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: AP000000000892

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 25, 2014, the Marketplace prepared a preliminary redetermination based on updated information you provided on your application for health insurance. The eligibility redetermination issued on August 26, 2014 was consistent with the August 25, 2014 preliminary redetermination.

The Marketplace found that you were eligible to receive \$0.00 monthly in advance premium tax credits and were not eligible for cost-sharing reductions or Medicaid because your reported income of \$55,000.00 was over the allowable income limits for each of these programs.

You appealed this determination, and on September 2, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 29, 2014 at 2:30 pm.

On September 29, 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 between 2:30 pm and 3:10 pm. We could not reach you.

Accordingly, we are dismissing your case.

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Marketplace's August 26, 2014 eligibility determination, setting out the information determined on August 25, 2014, is no longer in effect because a subsequent determination finding you Medicaid eligible was issued on September 25, 2014.

This dismissal does not affect any determinations made after August 24, 2014.

## **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 of Dismissal Was Sent To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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