



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000893

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 14, 2014, the Marketplace issued an eligibility determination on your August 13, 2014 application for health insurance. It said you were eligible for an advance premium tax credit of up to \$167.00 per month and, if you selected a silver-level qualified health plan, for cost-sharing reductions. It also said your reported income of \$26,570.00 was over the allowable income for Medicaid and that, although you were eligible for subsidies, you did not qualify for a special enrollment period because you did not meet any of the qualifying requirements.

You appealed the denial of special enrollment period in that determination, and on August 30, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 2, 2014 at 9:00 am.

On October 2, 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 9:00 a.m. and 9:40 a.m. 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 14, 2014 eligibility determination remains in effect.

This dismissal does not affect any redeterminations made after August 14, 2014. Any redeterminations made after August 14, 2014 remain 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 of Dismissal Has Been Sent to:

[REDACTED]
[REDACTED]
[REDACTED]

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