



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 25, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000898

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 27, 2014, the Marketplace prepared a preliminary eligibility determination on your application for health insurance. The Marketplace determined that you were eligible to enroll in a qualified health plan and eligible for \$0.00 in advance premium tax credits (APTC) per month. An eligibility determination notice that was issued on August 28, 2014 was consistent with that preliminary eligibility determination.

On August 27, 2014, you appealed the preliminary eligibility determination.

On August 29, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 23, 2014 at 9:00 a.m.

Between 9:00 a.m. and 9:45 a.m. on September 23, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number but was unable to reach you or leave a message because the call was unable to be completed as dialed. The Hearing Officer could find no alternative phone number in the file to contact you at. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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?**

Subsequent eligibility determinations were issued after you filed your appeal. Determinations issued on September 3, 2014 and September 11, 2014 are identical to the notice issued on August 28, 2014. Since the September 11, 2014 notice is the most recent eligibility determination notice in your account, it remains in effect.

You remain eligible to enroll in a qualified health plan. You are eligible to receive up to \$0.00 per month in APTC.

## **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  
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 Has Been Provided To:**

[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).