



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 20, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000937

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 20, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you are eligible for an advance premium tax credit of up to \$201.00 per month and, if you select a silver-level qualified health plan, for cost-sharing reductions. It also said you are not eligible for Medicaid because the household income you provided of \$20,000.00 is over the allowable income limit of \$16,105.00.

On September 3, 2014, you faxed a completed Authorized Representative form to the Marketplace, which indicated you have authorized [REDACTED] to handle all matters related to your account.

On September 8, 2014, you appealed the August 20, 2014 eligibility determination.

The Marketplace scheduled a telephone hearing on your appeal request and on September 24, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 9:00 am on October 9, 2014.

Between 9:28 am and 10:06 am on October 9, 2014, the Hearing Officer placed three calls to the telephone number of your Authorized Representative that you gave the Marketplace but was unable to reach her. Since your Authorized

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).

Representative did not appear for the hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 20, 2014 eligibility determination, as redetermined on September 10, 2014 with the same outcome, continues in effect.

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]
[REDACTED]
[REDACTED]