



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 18, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000970

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 10, 2014, the Marketplace prepared a preliminary determination in your case. The eligibility determination issued on September 11, 2014 was consistent with the September 10, 2014 preliminary determination. It said that you are eligible to enroll in a qualified health plan without subsidy but do not qualify for a special enrollment period and, therefore, cannot enroll.

On September 10, 2014, you appealed the preliminary determination.

The Marketplace scheduled a telephone hearing on your appeal request and on September 15, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 9:00 a.m. on October 8, 2014.

Between 9:01 a.m. and 9:38 a.m. on October 8, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was only able to leave messages on your voicemail. 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 September 11, 2014 eligibility determination, setting out the information determined on September 10, 2014, continues in effect.

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).

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.

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A Copy of This Notice of Dismissal Has Been Sent To:

[REDACTED]
[REDACTED]
[REDACTED]

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