



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 22, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000977

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On September 12, 2014, the Marketplace prepared a preliminary eligibility redetermination based on your September 12, 2014 application for health insurance. This redetermination found you eligible to enroll in a qualified health plan, eligible to receive up to \$250.00 per month in advance premium tax credits, and, if you selected a silver-level plan, eligible for cost-sharing reductions. However, you were found to be ineligible for no-cost health insurance through Medicaid. This redetermination was based, in part, on your attested household income of \$22,592.00.

That same day, you appealed the September 12, 2014 preliminary redetermination.

The Marketplace sent you a notice of eligibility redetermination on September 13, 2014, the findings of which were consistent with the September 12, 2014 preliminary redetermination.

On September 17, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 9, 2014 at 10:30 am.

Between 11:00 am and 11:30 am on October 9, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was

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).

unable to reach you. 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 13, 2014 eligibility redetermination 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.

## **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

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## **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 Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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