



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: AP000000000986

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

The Marketplace received your initial application for health insurance on November 18, 2013.

On November 22, 2013, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$288.00 monthly of advanced premium tax credit (APTC), and eligible to get cost-sharing reductions (CSR).

On September 12, 2014, you reapplied for health insurance through the Marketplace. You also spoke to the Marketplace Customer Service Unit and filed an appeal.

On September 13, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$287.00 monthly of advanced premium tax credit (APTC), and eligible to get cost-sharing reductions (CSR).

A September 23, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for October 10, 2014 at 1:00 pm.

On October 10, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone

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).

number provided on three separate occasions each between 1:00 pm and 2:00 pm. We were unable to reach you.

Accordingly, we are dismissing your case.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's September 13, 2014 eligibility determination continues 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 reference 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 of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]

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