



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 24, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001024

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 26, 2014, you applied for health insurance through the Marketplace.

That same day, the Marketplace issued a preliminary determination in your case. It said that you were eligible to enroll in a qualified health plan and but you were not eligible to receive financial assistance.

Also on September 26, 2014, you spoke with the Marketplace Customer Service Unit and appealed that determination.

On September 27, 2014, the Marketplace issued a determination in your case that said that you were not eligible for financial assistance because your household income of \$47,695.00 was over the allowable income limit of \$45,960.00.

The Marketplace scheduled a telephone hearing on your appeal request and, on September 29, 2014, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on October 17, 2014.

At round 9:00 a.m. on October 17, 2014, the Hearing Officer placed a call to the telephone number that you gave the Marketplace. However, the number that you provided the Marketplace of (646) 229-3438 connected the Hearing Officer to a

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).

person who told the Hearing Officer it was the wrong phone number for you. The Hearing Officer made diligent attempts to locate a different number for you but was unsuccessful. Since the Hearing Officer tried to call you on the date and time listed at the number that you provided, you did not appear for your hearing as scheduled and we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's September 27, 2014 eligibility determination continues in effect. You remain eligible to enroll in a qualified health plan and remain ineligible to receive financial assistance.

However, if you provide the Marketplace with a different phone number where you can be reached within 30 days of the date of this notice, another hearing shall be scheduled for your appeal.

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:

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).

- 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]

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