



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: December 2, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001066

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

Dear [REDACTED],

On September 3, 2014, you applied for health insurance for yourself through the Marketplace.

On September 4, 2014, the Marketplace issued a determination in your case. It said that you were eligible to enroll in a qualified health plan but you were not eligible to receive financial assistance to help pay for the cost of your insurance because you were already enrolled in or eligible for a public insurance program such as Medicaid.

On October 18, 2014, you submitted a written request to appeal that determination. You also provided supporting documents, which included a statement of your current Social Security benefits and payments, a notice of decision from the Medical Assistance Program stating that your Medicaid coverage will be discontinued as of September 8, 2014, and evidence of your monthly expenses.

On October 29, 2014, the Marketplace redetermined your eligibility and a preliminary determination was prepared in your case. It said that you were eligible to enroll in a qualified health plan and were eligible for up to \$310.00 of advance premium tax credit.

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: 1-877-622-4886).

The Marketplace scheduled a telephone hearing on your appeal request and, on October 29, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 9:00 a.m. on November 14, 2014.

Between 9:00 a.m. and 10:00 a.m. on November 14, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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

The Marketplace's October 29, 2014 preliminary eligibility determination continues in effect. You remain eligible to enroll in a qualified health plan through the Marketplace and receive up to \$310.00 of advance premium tax credit.

### **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, and the Marketplace will take no further action on your appeal.

### **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]

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