



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

Notice of Dismissal – Failure to Appear

Notice Date: July 3, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000578

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

Dear [REDACTED],

On April 11, 2014, the Marketplace issued an eligibility determination saying that you are eligible to enroll in a qualified health plan through the Marketplace but without any subsidy. The determination explained that you are not eligible for Medicaid because your household income of \$22,258.60 is over the allowable income limit for Medicaid, that you are not eligible for an advance premium tax credit because you are married but do not file your taxes jointly, and that you are not eligible for cost-sharing reductions because you do not qualify for the advance premium tax credit.

On April 15, 2014, you appealed this eligibility determination.

The Marketplace scheduled a telephone hearing on your appeal request, and on May 1, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 10:30 a.m. on May 19, 2014.

Between 10:15 a.m. and 10:30 a.m. on May 19, 2014, the Hearing Officer placed two calls to the telephone number that you provided the Marketplace. The Hearing Officer was unable to reach you on the first call and left a message. The second call to you was answered by a woman who identified herself as your wife. She said you were working all day and would not be able to accept a call. 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 April 11, 2014 eligibility determination 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 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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To

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