



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: AP000000000705

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

The Marketplace received your initial application for health insurance on March 10, 2014.

On March 11, 2014, the Marketplace issued a notice of eligibility determination that stated that you may be eligible for health insurance through the New York State of Health but more information is needed to make a determination.

On April 17, 2014 and May 29, 2014, you reapplied for health insurance through the Marketplace.

On April 20, 2014 and May 29, 2014, the Marketplace issued notices of eligibility determinations stating that you are eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$303.00 monthly of advanced premium tax credit (APTC), and eligible to get cost-sharing reductions (CSR). They also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On June 10, 2014, you spoke to the Marketplace's Customer Service Unit and submitted an appeal request.

On June 11, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a QHP, eligible to receive up to \$303.00

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monthly of APTC, and eligible to get CSR. It also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On June 11, 2014, the Marketplace issued a Notice of Telephone Hearing to you and your authorized representative, [REDACTED], advising you that the hearing requested was scheduled for July 8, 2014.

On June 16, 2014, you spoke with the Marketplace Customer Service Unit and changed the date of the scheduled telephone hearing from July 8, 2014 to July 9, 2014.

On July 9, 2014, an impartial hearing officer attempted to contact you on three separate occasions and was unable to reach you. We contacted [REDACTED], the person who was designated as your authorized representative in the Marketplace Customer Service notes. [REDACTED] requested an adjournment in order to have you present for the scheduled telephone hearing. The telephone hearing was rescheduled.

On July 10, 2014, you reapplied for health insurance through the Marketplace.

On July 11, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a QHP, eligible to receive up to \$258.00 monthly of APTC, and eligible to get CSR. They also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On June 25, 2014, the Marketplace issued a Notice of Telephone Hearing to you and [REDACTED], advising you that the hearing requested was scheduled for August 26, 2014.

On August 20, 2014, the Marketplace issued a notice of eligibility determination stating you are eligible to enroll in a QHP, eligible to receive up to \$241.00 monthly of APTC, and eligible to get CSR. It also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On August 26, 2014, an impartial hearing officer contacted you at the phone number provided. You designated [REDACTED] as your authorized representative for the hearing and requested an adjournment because he was unavailable at that time. The telephone hearing was rescheduled.

On September 10, 2014, the Marketplace issued a Notice of Telephone Hearing to you and your authorized representative, advising you that the hearing requested was scheduled for October 7, 2014.

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On October 7, 2014, your authorized representative failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact your authorized representative at the phone number provided on three separate occasions each between 1:00 pm and 2:00 pm. We were unable to reach either of you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 20, 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

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]
[REDACTED]
[REDACTED]

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