



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000817

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

Dear [REDACTED],

The Marketplace received your initial application for health insurance on August 7, 2014.

On August 8, 2014, the Marketplace issued two notice of eligibility determinations. The first notice stated that your child, [REDACTED], “may be eligible for health insurance through New York State of Health but more information is needed to make a determination.” The second notice stated that based on a household income of \$28,000.00, [REDACTED] are eligible to enroll in a qualified health plan (QHP), receive up to \$657.00 monthly of advanced premium tax credit (APTC), cost-sharing reductions (CSR), and are eligible for APTC Premium Assistance Program if you select a silver level QHP. It also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On August 8, 2014, you reapplied for health insurance through the Marketplace. You also spoke to the Marketplace’s Customer Service Unit and submitted an appeal request.

On August 9, 2014, the Marketplace issued two notice of eligibility determinations. The first notice stated that your child, [REDACTED], “may be eligible for health insurance through New York State of Health but more information is needed to make a determination.” The second notice stated that

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based on a household income of \$27,500.00, [REDACTED] are eligible to enroll in a qualified health plan (QHP), receive up to \$662.00 monthly of advanced premium tax credit (APTC), cost-sharing reductions (CSR), and are eligible for APTC Premium Assistance Program if you select a silver level QHP. It also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

An August 18, 2014 Notice of Telephone Hearing advised you that the hearing you requested was scheduled for September 15, 2014 at 10:30 am.

On September 5, 2014 you reapplied for health insurance through the Marketplace.

On September 6, 2014, the Marketplace issued three notice of eligibility determinations. The first notice stated that your child, [REDACTED], "may be eligible for health insurance through New York State of Health but more information is needed to make a determination." The second notice stated that your spouse, [REDACTED], is conditionally eligible for Medicaid. The Marketplace requested additional income information to confirm your eligibility. The third notice stated that based on a household income of \$35,600.00, you are eligible to enroll in a qualified health plan (QHP), receive up to \$208.00 monthly of advanced premium tax credit (APTC), and cost-sharing reductions (CSR). It also stated that you are not eligible for Medicaid because your household income is over the allowable limit.

On September 15, 2014, an impartial hearing officer called you at the phone number you provided for your scheduled hearing. Your spouse, [REDACTED], requested an adjournment until September 19, 2014 at 2:00 pm because you were unavailable. Formal Notice of Hearing was waived and the adjournment was granted.

Also on September 15, 2014, you reapplied for health insurance through the Marketplace.

On September 16, 2014 the Marketplace issued two notice of eligibility determinations. The first notice stated that you and your child, [REDACTED], "may be eligible for health insurance through New York State of Health but more information is needed to make a determination." The second notice stated that your spouse, [REDACTED], remains conditionally eligible for Medicaid. The Marketplace also requested additional income documentation to confirm her eligibility.

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On September 19, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number provided on three separate occasions each between 2:00 pm and 3:00 pm. On two separate occasions your spouse asked the hearing officer to call back because you were unavailable. On the third attempt we were unable to reach either of you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's September 16, 2014 eligibility determinations continue 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]

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