



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000823

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

Dear [REDACTED],

On July 29, 2014, you submitted your initial application to the Marketplace for health insurance.

On July 29, 2014, the Marketplace prepared preliminary eligibility determinations based on your July 29, 2014 application for both yourself and your daughter. The Marketplace found you, pending receipt of documentation to prove your Citizenship Status, eligible to enroll in a qualified health plan (QHP), receive up to \$276.00 per month in advance premium tax credits (APTC) and, if you selected a silver-level plan, cost-sharing reductions (CSR). The Marketplace found your daughter presumptively eligible to enroll in Child Health Plus (CHP) coverage for a period of 90 days from July 30, 2014, and to receive financial assistance; however, you were requested to submit documentation to prove her Citizenship Status as well. Each of these preliminary determinations were based upon a household income of \$24,531.00.

That same day, you uploaded (1) a Certificate of Naturalization issued to you on September 3, 2014, and (2) an undated Registration Certificate issued by [REDACTED] [REDACTED] relating to your profession as [REDACTED], which is in effect through July 31, 2016.

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).

Notices of eligibility determination were issued to you on July 30, 2014, the findings of which were consistent with the July 29, 2014 preliminary determinations prepared for you and your daughter.

On July 30, 2014, you submitted a revised application to the Marketplace reporting an increase of your expected yearly income to \$33,595.00, which was comprised of (1) \$33,395.74 in earned income from [REDACTED] and (2) \$200.00 in deductions relating to payment of student loan interest.

Based upon your revised July 30, 2014 application for health insurance, the Marketplace issued notices of eligibility redetermination for both you and your daughter on July 31, 2014. The Marketplace found you eligible to enroll in a QHP, receive up to \$173.00 per month in APTC and, if you selected a silver-level plan, CSR. For your daughter, the Marketplace found that she continued to be presumptively eligible to enroll in CHP coverage for a period, though a premium payment would be required because of her household income of \$33,494.74. In order for your daughter to be determined fully eligible for CHP coverage you were requested to provide to the Marketplace documentation to prove her Citizenship Status no later than October 31, 2014.

You appealed this determination on August 9, 2014; and, on August 19, 2014 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 12, 2014 at 1:00pm.

On September 12, 2014, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided on three separate occasions between 1:03pm and 1:41pm. We could not reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's July 31, 2014 eligibility redetermination, which followed the July 30, 2014 eligibility determination, continues in effect.

You continue to be eligible to receive up to \$173.00 per month in APTC and, if you selected a silver-level plan, CSR.

Your daughter continues to be presumptively eligible to enroll in CHP coverage for a period of 90 days from July 31, 2014.

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In order for your daughter to be determined fully eligible for CHP coverage you need to provide to the Marketplace documentation to prove her Citizenship Status no later than October 31, 2014.

This determination has no effect on subsequent determinations, any later changes to your application, or to any notices recently sent to you as a result of your September 15, 2014 application or any other modification to your application.

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:

- 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

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Legal Authority

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

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