



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000828

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 13, 2014, the Marketplace prepared a preliminary redetermination on your application for health insurance, which you updated that same day. The eligibility redetermination issued on August 14, 2014 was consistent with the August 13, 2014 preliminary redetermination.

The Marketplace determined that you and your husband remain eligible to receive an advance premium tax credit of up to \$305.00 per month and are not eligible to receive cost-sharing reductions or Medicaid because the household income you provided of \$53,758.00 is over the allowable income limit for each of these programs.

You appealed this redetermination, and on September 2, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 2, 2014 at 10:30 am.

On October 2, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone numbers you provided and was able to speak with your husband at about 10:40 a.m. He indicated through a Spanish Interpreter [REDACTED] that he did not want to testify at the formal hearing and you could be reached at 12:30 p.m. on your cell phone. The hearing officer adjourned the hearing until that time. Between 12:30 p.m. and 1:01 p.m., the hearing officer, with the assistance of 3 Spanish

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).

Interpreters [REDACTED] attempted to contact you 3 times on the primary number you had provided and was only able to leave messages, which the Spanish Interpreters repeated in Spanish. Since we could not reach you, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 14, 2014 eligibility determination, setting out the information determined on August 13, 2014, 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 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

Legal Authority

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

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).

A Copy Of The Notice of Dismissal Has Been Sent To:

[REDACTED]
[REDACTED]
[REDACTED]

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).