



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: AP000000000839

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 15, 2014, the Marketplace prepared a preliminary eligibility determination based on your August 15, 2014 application for health insurance. This preliminary determination found that you and your spouse were eligible to enroll in a qualified health plan, eligible to receive up to \$61.00 per month of advance premium tax credit, and ineligible for cost-sharing reductions.

This preliminary determination also found that your three children were eligible for coverage under subsidized Child Health Plus at a premium amount of \$45.00 per month per child. Additionally, you, your spouse, and your three children were found to be ineligible for no-cost health insurance through Medicaid.

The preliminary determination was based, in part, on your household income of \$84,570.00 as attested within your application.

That same day, an appeal of the August 15, 2014 preliminary determination was filed on your behalf.

The Marketplace sent you notices of eligibility determination on August 16, 2014, the findings of which were consistent with the August 15, 2014 preliminary determination. On September 3, 2014, you resubmitted your application to the Marketplace for an eligibility redetermination.

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).

On September 4, 2014, the Marketplace issued a notice of eligibility redetermination based on your September 3, 2014 modified application, the findings of which were identical to the August 15, 2014 preliminary determination under appeal.

On September 4, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 9, 2014 at 1:00 pm.

Between 1:00 pm and 1:35 pm on October 9, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 16, 2014 and September 4, 2014 eligibility determinations continue 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 refer to the Appeal Identification Number at the top of this notice.

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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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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