



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

## Notice of Hearing Adjourment

Notice Date: December 24, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001129

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 7, 2014, the Marketplace issued a notice regarding your health coverage through NY State of Health for 2015. It said that you no longer qualify for Medicaid but are eligible for an advance premium tax credit up to \$269.62 per month and for cost-sharing reductions.

On November 27, 2014, the Marketplace issued an eligibility determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$270.00 of advance premium tax credit per month, as well as cost-sharing reductions, effective January 1, 2015.

On November 28, 2014, the Marketplace received your written request to appeal the preliminary determination issued in the November 7, 2014 renewal notice. You also provided supporting documents, which included copies of your U.S. Individual Income Tax Returns for 2012 and 2013, and a copy of your Permanent Resident Card.

The Marketplace scheduled a telephone hearing on your appeal request and, on December 8, 2014, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on December 23, 2014.

On December 23, 2014, a Hearing Officer attempted to call the telephone number that you gave the Marketplace, but the call was not completed because

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).

the number you provided does not accept calls from blocked or unknown callers. We were therefore unable to reach you at the number you provided.

The telephone number used by the NY State of Health Appeals Unit is blocked for security purposes. The Hearing Officer cannot remove this block.

Because the Hearing Officer could not reach you on December 23, 2014, you have been granted an adjournment to give you another opportunity to appear.

Your hearing has been adjourned to January 27, 2015 at 9:00 a.m.

The Hearing Officer will call you at (716) 689-2424, the telephone number the Marketplace has on file for you.

If you can temporarily remove the block from that telephone number, the Hearing Officer may be able to reach you on that line.

You may also provide a different working contact number that accepts restricted calls by calling the Marketplace Customer Service Center at 1-855-355-5777 at least a week before your January 27, 2015 hearing.

If you do not remove the block or provide a working contact phone number and appear for the rescheduled hearing, your appeal may be dismissed.

## **How does this Adjournment Affect Your Eligibility?**

This adjournment does not change your eligibility.

A hearing has been scheduled for you on January 27, 2015 at 9:00 a.m.

If you do not provide a working contact phone number and appear for the rescheduled hearing, your appeal may be dismissed.

If your appeal is dismissed, the November 27, 2014 eligibility determination will remain in effect.

## **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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