



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001303

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

Dear [REDACTED],

On November 7, 2014, the Marketplace sent you a notice that you have been re-enrolled in your current health plan for 2015 through New York State of Health. The notice stated that you and your spouse are eligible for a tax credit up to \$311.97 per month, and eligible for cost-sharing reductions if you are enrolled in a silver level plan. The notice also finds [REDACTED] [REDACTED] and [REDACTED] eligible for Child Health Plus with a cost of \$15.00 per month.

On December 29, 2014, you modified your Marketplace application.

On December 30, 2014, the Marketplace issued an eligibility determination notice stating that [REDACTED] is eligible for an advance premium tax credit up to \$0.00 per month and not eligible for cost-sharing reductions and Medicaid. The notice also found [REDACTED] [REDACTED] and [REDACTED] eligible to enroll through Child Health Plus with a \$30.00 premium per month.

On December 30, 2014, you modified your Marketplace application and the Marketplace prepared two preliminary eligibility determinations. The first determination states that [REDACTED] and [REDACTED] are eligible for an advance premium tax credit up to \$286.00 monthly, and [REDACTED] [REDACTED] and [REDACTED] are eligible to enroll in Child Health Plus with a \$30.00 premium per month. The second determination states that [REDACTED] is eligible for an advance premium tax credit up to \$0.00 per monthly, and [REDACTED] [REDACTED] and

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).

██████████ are eligible to enroll in Child Health Plus with a \$30.00 premium per month.

On that same day, you spoke with the Marketplace's Account Review Unit and appealed the second preliminary eligibility determination.

On December 31, 2014, the Marketplace issued an eligibility determination notice consistent with second December 30, 2014, preliminary eligibility determination.

On January 7, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for January 23, 2015, at 1:00 pm.

On January 23, 2015, 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 1:00 pm and 2:00 pm. We could not reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 31, 2014, eligibility determination 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 reference 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 of Dismissal Has Been Provided To

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

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