



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 11, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001420

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 6, 2014, the Marketplace issued a renewal notice in your case. That notice stated that based on the information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for financial help in paying for your health coverage. The notice advised you to update your account by December 15, 2014, or the financial assistance you were getting might end.

On December 22, 2014, the Marketplace issued an eligibility determination notice in your case. The notice stated that you were newly eligible to purchase a qualified health plan at full cost. You were not eligible for Medicaid because your household income was over the allowable limit. The notice further stated that you were not eligible to receive an advance premium tax credit because the “renewal period and income data is not available.” You were also ineligible to receive cost-sharing reductions because you were ineligible to receive an advance premium tax credit.

On January 6, 2015, the Marketplace’s Account Review Unit received your written request to appeal the December 22, 2014 eligibility determination.

On January 21, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 9, 2015 at 10:00 a.m.

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).

Between 10:00 a.m. and 10:30 a.m. on February 9, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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 December 22, 2014 eligibility determination continues in effect.

You are eligible to enroll in a qualified health plan at full cost.

Please note, the reason why the Marketplace did not reach a determination on your eligibility for an advance premium tax credit and cost sharing reductions is because your Marketplace account has not been updated for the 2015 renewal period as requested in the November 6, 2014 notice. You can update your account online or by calling the Marketplace's Customer Service Center at the phone number listed below.

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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