



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 20, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001445

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 12, 2015, you submitted an application to the Marketplace in which you attested to an expected yearly income of \$35,738.66. In a preliminary eligibility determination issued that day, the Marketplace found you eligible for an advance premium tax credit (APTC) of up to \$88.00 per month and eligible for coverage beginning February 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the January 12, 2015 preliminary eligibility determination.

On January 13, 2015, the Marketplace issued a notice of eligibility determination, which formalized the January 12, 2015 preliminary eligibility determination in that you were found eligible for an APTC of up to \$88.00 per month and eligible for coverage beginning February 1, 2015. You were also found not eligible for cost-sharing reductions and not eligible for Medicaid.

On January 15, 2015, your application was modified and your eligibility redetermined. In an eligibility determination issued January 16, 2015, the Marketplace found, based on an expected yearly income of \$34,670.66, that you were eligible for APTC of up to \$99.00 per month and eligible for coverage beginning February 1, 2015.

On January 21, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 13, 2015 at 3:00 p.m.

On February 13, 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 to the Marketplace on three separate occasions between 3:03 pm and 3:31pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determinations issued on January 12, 2015 and January 15, 2015 continue in effect.

Please note, however, the dismissal of your appeal under this notification has no effect on any subsequent Marketplace determination issued after January 15, 2015.

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.

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).

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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