



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001518

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On January 18, 2015, you submitted an application to the Marketplace in which you attested to an expected household income \$25,084.50.

On January 19, 2014, the Marketplace issued a notice of eligibility determination based on your January 18, 2015 application. It found, among other things, that you and your spouse were conditionally eligible to receive an advance premium tax credit (APTC) of up to \$658.00 per month and, if you selected a silver-level plan, conditionally eligible for cost-sharing reductions (CSR). You were also determined eligible to begin your coverage on March 1, 2015.

On January 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the January 19, 2015 eligibility determination insofar as you were found eligible to begin your coverage no earlier than March 1, 2015.

On February 9, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 26, 2015 at 3:00 p.m.

At around 3:15 p.m on February 26, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. You answered the phone and stated you no longer wanted to proceed with the appeal since the month was almost over, and your coverage was scheduled to begin shortly. The Hearing Officer asked if you had a few minutes to be sworn in under oath in order for the Hearing Officer

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to obtain a proper withdrawal over the telephone. You stated that you did not think this was necessary and reiterated that you did not wish to proceed with the appeal.

Since you were unwilling to be sworn in for your hearing as scheduled, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility redetermination issued on January 19, 2015 remains in effect.

Please note, however, the dismissal of your appeal under this notification has no effect on any subsequent Marketplace determinations issued after January 19, 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 participate with the conduct of 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.

How to Contact the Marketplace

You can contact us in any of the following ways:

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- 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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