



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 25, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001523

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 20, 2014, you submitted an application to the Marketplace seeking financial assistance in which you attested to an expected yearly income of \$19,900.14.

On December 21, 2015, the Marketplace issued a notice of eligibility determination based on your December 20, 2014 application. It found that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$290.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), beginning January 1, 2015. However, you were also found ineligible for Medicaid.

On January 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 21, 2014 eligibility determination insofar as you were found ineligible for Medicaid coverage.

On January 30, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 20, 2015 at 2:00 p.m.

On February 20, 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 2:01 p.m. and 2:31 p.m. We were unable able to reach you.

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).

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determination issued on December 21, 2014 remains in effect.

Please note, however, that the dismissal of your appeal under this notification has no effect on any subsequent determinations issued by the Marketplace after December 21, 2014.

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.

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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