



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001553

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 21, 2015 and January 22, 2015, you modified your application in your Marketplace account several times.

On January 22, 2015 and January 23, 2015, the Marketplace issued eligibility determinations, both stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive up to \$319.00 per month in advance premium tax credit (APTC); and, if you enrolled in a silver level plan, cost-sharing reductions (CSR), effective March 1, 2015. You were also found ineligible for Medicaid.

On January 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the eligibility determinations 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 March 2, 2015 at 1:00 p.m.

On February 10, 2015, the Marketplace issued an additional Notice of Telephone Hearing, replacing the Notice of Telephone Hearing issued to you on February 9, 2015, to advise you that the hearing you requested was rescheduled for March 2, 2015 at 2:00 p.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).

At 2:00 pm on March 2, 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 because it was March 2015 and, since the reason for the appeal was to request that your coverage begin February 1, 2015, there was no longer a reason to hold the hearing. The Hearing Officer asked if you had a few minutes to be sworn in under oath in order for the Hearing Officer to obtain a proper withdrawal over the telephone. You reiterated that you did not want to proceed with the hearing any longer.

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 determinations issued on January 22, 2015 and January 23, 2015, remain in effect.

Please note, however, the dismissal of your appeal under this notice has no effect on any Marketplace determination issued after January 23, 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 in 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.

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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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