



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: AP000000001575

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On January 13, 2015, you submitted an application to the Marketplace in which you attested to an expected household income of \$31,200.00.

On January 14, 2015, the Marketplace issued a notice of eligibility determination based on your January 13, 2015 application. It found you and your spouse eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$500.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), in each case beginning February 1, 2015.

On January 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed the January 14, 2015 eligibility determination insofar as you were found eligible for an APTC beginning February 1, 2015.

On February 10, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 2, 2015 at 9:00 a.m.

Between 9:02 am and 9:35 am on March 2, 2015, a Hearing Officer called the telephone number you provided to the Marketplace to reach you for the hearing, which was [REDACTED]. The Hearing Officer placed three separate calls to that telephone number, and left voicemail messages for you on the first two attempts. On the third attempt, an individual who identified himself as your

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husband answered, stated that you were working, and suggested that we contact you on your mobile phone at [REDACTED]. The hearing officer made a final attempt to reach you at that number, but again was unable to reach you and left a voicemail message. 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 eligibility determination issued on January 14, 2015 remains in effect.

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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