



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: AP000000001596

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 13, 2015, you submitted two applications to the Marketplace. In each of these applications, you attested to an expected household income of \$32,100.00.

On January 14, 2015, the Marketplace issued a notice of eligibility determination based on the later of the January 13, 2015 applications. It found you and your spouse, [REDACTED], eligible to enroll in a qualified health plan (QHP); conditionally eligible together to receive an advance premium tax credit (APTC) of up to \$397.00 per month; and, if you selected a silver-level plan, conditionally eligible for cost-sharing reductions (CSR), in each case beginning February 1, 2015. The Marketplace also notified you that additional income documentation was required to be received by April 15, 2015 in order to confirm your eligibility.

On January 26, 2015, you spoke with the Marketplace Account Review Unit and appealed the January 14, 2015 eligibility determination insofar as you and your spouse were found conditionally eligible for an APTC beginning February 1, 2015.

On February 11, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 2, 2015 at 11:00 am.

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).

Between 9:02 a.m and 9:35 a.m on March 2, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three separate calls to that telephone number but was unable to reach you. 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.

Please note, however, the dismissal of your appeal under this notice has no effect on any determinations issued by the Marketplace after January 14, 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.

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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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