



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001742

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 10, 2015, you submitted an application to the Marketplace in which you identified yourself as a U.S. Citizen and attested to an annual household income of \$37,000.00.

That same day, the Marketplace prepared a preliminary eligibility determination based on your February 10, 2015 application. It found that you were eligible for an advance premium tax credit (APTC) of up to \$249.00 per month and cost-sharing reductions (CSR) beginning March 1, 2015. It did not make a decision regarding your eligibility for Medicaid at that time. However, it also stated that in order for your eligibility to be finalized, you must submit additional documentation to confirm the information you provided in your application is accurate. Your spouse was found ineligible for financial assistance, and your daughter was found eligible for Medicaid.

On February 10, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 10, 2015 determination insofar as you were found ineligible for Medicaid.

On February 11, 2015, the Marketplace issued a written notice of eligibility regarding your February 10, 2015 application. It found you conditionally eligible to receive an APTC of up to \$249.00 per month and, if you selected a silver-level plan, conditionally eligible for CSR, beginning March 1, 2015. You were also found ineligible for Medicaid. The notice further required that you provide

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documentation to prove your Citizenship status by May 13, 2015. Your spouse was eligible only to purchase a QHP at full-cost through the Marketplace because she was already covered by employer-sponsored insurance. Your daughter was found no longer eligible for Medicaid, but her coverage under Medicaid would continue for the full 12-month period.

On February 18, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 3, 2015 at 2:00 pm.

On March 3, 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 2:07 pm and 2:32 pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

### **How Does this Dismissal Affect Your Eligibility?**

The Marketplace's preliminary determination prepared on February 10, 2015, and the corresponding notice of eligibility determination issued on February 11, 2015, remain in effect.

Please note that in order for your eligibility to be finalized by the Marketplace, you must provide documents proving your Citizenship status no later than May 13, 2015. Failure to do so could jeopardize your ability to receive financial assistance through the Marketplace.

### **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.

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## **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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