



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001816

[REDACTED]
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED],

On February 18, 2015, your Marketplace application was updated which prompted the Marketplace to prepare a preliminary eligibility redetermination. It determined that you are eligible to purchase a qualified health plan at full cost effective April 1, 2015.

That same day, you appealed the eligibility redetermination insofar as you were not eligible for tax credits because you were married but not a joint tax filer.

On February 19, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the February 18, 2015 preliminary eligibility redetermination. It said, in relevant part, that you are not eligible to receive advance premium tax credits (APTC) because you are married but not filing taxes jointly and to be eligible for APTC, married couples must file taxes jointly. It also said because you are ineligible for APTC you are not eligible for cost-sharing reductions.

The Marketplace scheduled a telephone hearing and sent you notice on March 11, 2015, telling you that a Hearing Officer would call you on April 6, 2015 at about 9:00 a.m.

Between 9:00 a.m. and 9:30 a.m. on April 6, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace but was not able to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's February 19, 2015 notice of eligibility redetermination, as made on February 18, 2015, has been superseded (replaced) by a subsequent decision and, therefore, is longer in effect.

This Dismissal does not affect any subsequent eligibility determinations made by 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.

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

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).

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 of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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