



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001832

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED] . [REDACTED] ,

On December 14, 2014, the Marketplace received your application for health insurance.

On December 15, 2014, the Marketplace issued an eligibility determination notice that you are eligible to purchase a qualified health plan at full cost through New York State of Health. It further stated that you were not eligible to receive advance premium tax credits to help pay for the cost of your insurance because you indicated that you were married but not filing taxes jointly. It also stated that you were not eligible for cost-sharing reductions because you were ineligible to receive an advance premium tax credit, and that you were ineligible for Medicaid because your income was over the allowable limit for that program. This notice was mailed to your residence address, but not to your mailing address.

On December 23, 2014, the December 15, 2014 notice was received by the Marketplace and marked as “Return Service Requested.”

On February 19, 2015, you spoke with the Marketplace’s Account Review Unit and appealed the December 15, 2014 eligibility determination insofar as it did not approve any financial assistance.

On March 2, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 18, 2015 at 11:00 a.m.

Between 11:00 a.m. and 11:45 a.m. on March 18, 2015, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace, 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 My Eligibility?

The Marketplace's December 15, 2014 eligibility determination continues 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, and the Marketplace will take no further action on your appeal.

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

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: 1-877-622-4886).

- 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 of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

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: 1-877-622-4886).