



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001836

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 19, 2015, the Marketplace prepared a preliminary eligibility determination in your case that stated you were not eligible for financial assistance through the Marketplace.

Also on February 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary eligibility determination.

On February 20, 2015, the Marketplace issued an eligibility determination notice that stated you were eligible to purchase a qualified health plan at full cost. The notice stated that you were not eligible for Medicaid because the household income was over the allowable limits. You were not eligible to receive advance premium tax credits because your application stated that the primary tax filers in your house were married but not filing taxes jointly. You were not eligible for cost-sharing reductions because you were not eligible for the advance premium tax credit.

On February 27, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 19, 2015 at 1:00 p.m.

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).

At around 1:00 p.m. on March 19, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. However, the number that you provided the Marketplace connected the Hearing Officer to a person who told the Hearing Officer that you were not home. The Hearing Officer asked when you would be available that day and the phone call was terminated before the Hearing Officer received an answer. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

Your appeal of the February 20, 2015 eligibility determination notice is dismissed.

The February 20, 2015 eligibility determination notice 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. 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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