



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: AP000000001887

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 21, 2015, you submitted an application to the Marketplace in which you attested to an expected yearly household income of \$56,000.00. You also confirmed in this application that you intended to file as single and claim no dependents on your 2015 U.S. Income Tax Return.

On February 22, 2015, the Marketplace issued a notice of eligibility determination based on your February 21, 2015 application. It stated that you were eligible to enroll in a qualified health plan (QHP) at full cost. It further stated that you did not qualify to receive an advance premium tax credit (APTC), cost-sharing reductions (CSR), or Medicaid because your attested income exceeded the allowable income limit for those programs. Your three children were found eligible to enroll in Child Health Plus (CHP) at a reduced premium rate.

On February 26, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 22, 2015 eligibility determination insofar as you were found not eligible for financial assistance to help pay for the cost of health insurance.

On March 4, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 23, 2015 at 1:00 pm.

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).

On March 23, 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 1:01 pm and 1:32pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

Your eligibility has not changed. The Marketplace's eligibility determination issued on February 22, 2015 remains 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.

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:

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).

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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