



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001895

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 21, 2015, the Marketplace issued a notice of eligibility determination based on your February 20, 2015 application. It stated that you were eligible to purchase a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$227.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR), effective April 1, 2015. The notice further stated that you were not eligible for Medicaid. This determination was issued, in part, based on your annual household income of \$18,426.21.

On February 27, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 21, 2015 eligibility determination insofar as you were found ineligible for Medicaid.

On April 28, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 21, 2015 at 9:00am.

On May 21, 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 9:05am and 9:36am. We were unable able to reach you.

Accordingly, 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 eligibility determination issued on February 21, 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:  
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 Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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