



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001899

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 27, 2015, you submitted multiple applications to the Marketplace in which you identified yourself as a U.S. Citizen and attested that your spouse's expected yearly income was \$79,000.00.

That same day, in response to each of your February 27, 2015 applications, the Marketplace responded by preparing preliminary eligibility determinations that found you eligible for an advanced premium tax credit (APTC) of \$0.00 effective April 1, 2015. It also stated that in order to finalize your eligibility, you needed to provide documents to confirm that the information you provided in your application was accurate. Your spouse and daughter were found eligible for Medicaid effective February 1, 2015. These determinations were issued based, in part, on an annual household income of \$79,000.00.

Also on that same day, you spoke with the Marketplace's Account Review Unit and appealed the February 27, 2015 preliminary eligibility determinations insofar as you were not found eligible for Medicaid.

On February 28, 2015, the Marketplace issued a notice of eligibility determination stating that you were found conditionally eligible for an APTC of up to \$0.00 beginning April 1, 2015. The notice requested that you provide documentation to prove your citizenship status no later than May 28, 2015. Your spouse and daughter were found eligible for Medicaid beginning February 1, 2015.

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, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 15, 2015 at 3:00 p.m.

On April 15, 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 3:14 p.m. and 3:44 p.m. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determination issued on February 28, 2015 remains in effect.

However, since that time, the Marketplace has issued a subsequent determination in which you were found eligible for Medicaid; this dismissal will have no effect on that subsequent determination.

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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