



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002032

[REDACTED]
[REDACTED]
[REDACTED]

Dear Mrs. [REDACTED],

On February 19, 2015, the Marketplace issued a notice of eligibility redetermination that you and your spouse are eligible to purchase a qualified health plan at full cost through New York State of Health effective April 1, 2015. The reason given was that you are not eligible to receive advance premium tax credits (APTC) because the primary tax filers in your house are married but do not file taxes jointly and to be eligible for APTC, married couples must file taxes jointly. It further stated that both of you are not eligible for: (1) cost-sharing reductions (CSR) because you are ineligible for APTC and (2) Medicaid because your household income of \$27,000.00 is over the allowable income limit of \$21,780.00.

On March 13, 2015, you appealed the eligibility redetermination insofar as you and your spouse were not eligible to receive APTC and CSR.

The Marketplace scheduled a telephone hearing and sent you notice on March 18, 2015, telling you that a Hearing Officer would call you on April 14, 2015 at about 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m. on April 14, 2014, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace three times but was unable to reach you. Since you did not appear for your hearing as scheduled, 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 February 19, 2015 notice of eligibility redetermination 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.

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 of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]