



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002180

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On March 25, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible to receive up to \$99.00 per month of advance premium tax credits, and, if you select a silver-level qualified health plan, for cost sharing reductions. This eligibility was effective May 1, 2015. The notice also stated that you are not eligible for Medicaid because your reported income of \$17,118.27 is over the allowable income limit of \$16,243.00.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the eligibility determination insofar as you were not found eligible for Medicaid.

The Marketplace scheduled a hearing and, on March 30, 2015, sent you notice that a Hearing Officer from the Marketplace's Appeals Unit will be calling you on April 23, 2015 at about 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m., the Hearing Officer placed three calls to the primary number that you gave to the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The March 25, 2015 notice of eligibility redetermination remains in effect.

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).

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]