



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

NOTICE OF DISMISSAL

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002534

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 21, 2015, the Marketplace prepared a preliminary eligibility determination based on your April 21, 2015 application. It stated that you were not eligible for financial assistance. It further stated that your two sons were eligible for coverage through Child Health Plus at a reduced monthly premium rate of \$9.00 per child beginning on June 1, 2015. Lastly, it stated that your daughter was eligible for Medicaid beginning April 1, 2015. This determination was based, in part, on an annual household income of \$33,871.62.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the April 21, 2015 preliminary eligibility determination insofar as you individually were found ineligible for financial assistance.

On April 23, 2015, the Marketplace issued a notice of eligibility determination stating, in pertinent part, that you were eligible to enroll in a qualified health plan (QHP) at full cost. It further stated that you were not eligible to receive a tax credit since your application reflected that you were married and not a joint tax filer.

On May 6, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 28, 2015 at 1:00 p.m.

On May 28, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. You answered the phone and stated that you were not available to hold the hearing then. When the Hearing Officer provided you with the opportunity to reschedule the hearing during normal business hours you stated this was not possible and immediately terminated the call.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's April 23, 2015 eligibility determination 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

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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).

A Copy of this Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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