



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002677

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 30, 2015, you submitted an application to the Marketplace. That same day, the Marketplace prepared a preliminary eligibility determination. It stated that you and your spouse were eligible to receive an advance premium tax credit (APTC) of up to \$575.00 per month and cost-sharing reductions (CSR). This eligibility was effective as of June 1, 2015. It did not make a decision on whether you or your spouse were eligible for Medicaid. This preliminary eligibility determination was based, in part, on an annual household income of \$36,400.00.

Also on April 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 30, 2015 preliminary eligibility determination.

On May 1, 2015, the Marketplace issued a notice of eligibility determination which formalized the findings under the April 30, 2015 preliminary eligibility determination. It stated that you and your spouse were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$575.00 per month; and, if you selected a silver-level plan, eligible for CSR. This eligibility was effective as of June 1, 2015. You were also found eligible to enroll in plan outside of the open enrollment period. However, you were found to be ineligible for Medicaid because your income was over the allowable limit for that program.

On May 9, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 2, 2015 at 1:00pm.

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 June 2, 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 1:07pm and 1:39pm. 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 May 1, 2015, and the April 30, 2015 preliminary eligibility determination on which it is based, remain 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.

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 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]

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).