



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002722

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

The Marketplace received two applications from you on May 4, 2015. In each of these applications you attested to an expected yearly income of \$45,000.00.

That same day, the Marketplace prepared a preliminary eligibility determination based on each your May 4, 2015 applications. Each stated that you were eligible to receive an advance premium tax credit (APTC) of up to \$22.00 per month. However, you were also asked to provide additional documentation in order to finalize your eligibility. It did not make a determination on your eligibility for either cost-sharing reductions (CSR), Medicaid or your ability to qualify for a special enrollment period (SEP) to enroll in a plan outside of the open enrollment period.

Also on May 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed the May 4, 2015 preliminary eligibility determination insofar as you were not eligible to enroll in a health plan outside of the open enrollment period since you had not qualified for an SEP.

On May 5, 2015, the Marketplace issued a notice of eligibility determination formalizing the findings prepared under the May 4, 2015 preliminary eligibility determinations. It stated that you were conditionally eligible to enroll in a qualified health plan (QHP) and conditionally eligible to receive an APTC of up to \$22.00 per month beginning June 1, 2015, pending receipt of documentation to prove your citizenship status by August 2, 2015. It also stated that you were not eligible for either CSR or Medicaid because your income was over the allowable

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limit for those programs. Again, there was no determination issued on your eligibility to qualify for an SEP to enroll in a plan outside of the open enrollment period.

On May 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 11, 2015 at 9:00am.

On June 11, 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 9:03am and 9:33am. 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 5, 2015, and the May 4 2015 preliminary eligibility determination on which it is based, remain in effect.

Please note that this dismissal has no effect on any subsequent determinations issued by the Marketplace on or after May 5, 2015, including the May 15, 2015 eligibility determination finding you eligible, among other things, to enroll in a QHP outside of the open enrollment period, effective June 1, 2015.

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.

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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 Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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