



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: AP000000002755

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On May 5, 2015, you submitted an application to the Marketplace.

That same day, the Marketplace prepared a preliminary eligibility determination based on your May 5, 2015 application. It stated that you were eligible to receive an advance premium tax credit (APTC) of up to \$262.00 per month and cost-sharing reductions (CSR), beginning June 1, 2015. It did not make a decision on whether you were eligible for Medicaid. This preliminary eligibility determination was based, in part, on an annual household income of \$22,308.00.

Also on May 5, 2015, you spoke with the Marketplace Account Review Unit and appealed the May 5, 2015 preliminary eligibility determination.

On May 6, 2015, the Marketplace issued a notice of eligibility determination which formalized the findings under the May 5, 2015 preliminary eligibility determination. It stated that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$262.00 per month; and, if you selected a silver-level plan, eligible for CSR. 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 12, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 8, 2015 at 2:00pm.

On June 8, 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 2:00pm and 2:32pm. 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 6, 2015, and the May 5, 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.

### **How to Contact the Marketplace**

You can contact us in any of the following ways:

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).

- 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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