



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002802

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 28, 2015, your Marketplace account was updated. The Marketplace found that “We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information.”

You faxed four weekly earnings statements to the Marketplace Verification Unit which were uploaded to your account on April 28, 2014.

On May 7, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for up to \$218.00 in advance premium tax credits and eligible to receive cost-sharing reductions, if you select a silver-level qualified health plan. You were also found not eligible for Medicaid because the household income you provided is over the allowable income limit.

On May 8, 2015, you spoke to the Marketplace’s Account Review Unit and requested an appeal insofar as being found not eligible for Medicaid.

On May 13, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling a hearing for June 12, 2015 at 1:00 pm.

On June 12, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided on three separate occasions between 1:00 pm and 2:00 pm. You did not answer. Therefore, we were unable to reach you.

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).

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's May 7, 2015 eligibility determination continues in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference 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]

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