



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002847

[REDACTED]

Dear [REDACTED],

On May 11, 2015, the Marketplace received your household's application for financial assistance with your health insurance.

That same day, the Marketplace issued an eligibility determination notice finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$334.00 per month effective June 1, 2015. The determination notice further found that you were not eligible for Medicaid because your reported household income of \$18,734.00 was over the allowable income limit of \$16,243.00.

That same day you spoke to the Marketplace's Account Review Unit and appealed the fact that you were denied a special enrollment period after income documentation you provided to the Marketplace was deemed invalid. After your income was validated, you were deemed outside of the open enrollment period and could not enroll in a health plan.

On October 20, 2015, a notice of telephone hearing was issued for a telephone hearing on November 6, 2015 at 11:00 am.

On November 6, 2015, at 11:00 am a Hearing Officer from the Marketplace's Appeals Unit, placed a call to the telephone number that you have provided to the Marketplace, but was unable to reach you. An individual who identified

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: 1-877-622-4886).

herself as your spouse picked up the phone and refused to discuss the issue. She stated that you were not available, and that no hearing would be going forward. She then ended the call with the Hearing Officer.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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, and the Marketplace will take no further action on your appeal.

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

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- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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