



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002950

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 28, 2015 the Marketplace issued an eligibility determination notice that stated you were eligible to purchase a qualified health plan through the Marketplace at full cost. You were not eligible to receive an advance premium tax credit (APTC) because you were already enrolled in or eligible for employer sponsored insurance. Your wife was conditionally eligible for up to \$169.00 per month in APTC and, if she enrolled in a silver level health plan, cost-sharing reductions. The Marketplace asked her to provide documentation of her citizenship status to confirm her eligibility before July 26, 2015. This eligibility was effective June 1, 2015.

On May 15, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the effective date of your health insurance coverage and the failure of the Marketplace to provide you with a timely notice of eligibility determination.

On May 28, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for June 29, 2015 at 3:00 pm.

On June 29, 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 3:00 pm and 3:30 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 Appeals Unit of NY State of Health will not review your appeal at this time

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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