



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: AP000000003065

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On May 22, 2015 the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible for up to \$787.00 per month of advance premium tax credits (APTC) and if you enroll in a silver level health plan, cost-sharing reductions. You and your spouse were also determined eligible for the APTC Premium Assistance Program, if you select a silver-level plan and use the entire amount of your tax credit. The notice also states that you and your spouse are not eligible for Medicaid because the household income you provided is over the allowable income limit for that program. You appealed this determination.

On June 2, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for July 7, 2015 at 2:00 pm.

On July 7, 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 2:00 pm and 2:30 pm. You did not answer. Therefore, we were unable to reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's May 22, 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

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).

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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