



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004281

[REDACTED]

Dear [REDACTED],

On June 5, 2015, the Marketplace received your household's application for health insurance.

That same day, the Marketplace issued an eligibility determination notice finding you conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$306.00 per month effective July 1, 2015. The notice further requested that you provide documentation confirming your income by September 3, 2015.

On June 22, 2015, the Marketplace redetermined your household's eligibility finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$306.00 per month effective August 1, 2015. In addition, the notice explained that your reported household income of \$19,044.00, is over the limit of \$16,243.00.

On August 11, 2015, you spoke to the Marketplace's Account Review Unit and appealed the level of advance premium tax credits and cost sharing reductions you were found eligible to receive, and you that you would like to have been considered eligible for Medicaid.

On September 30, 2015, a notice of telephone hearing was issued for a telephone hearing on October 19, 2015 at 2:00 pm.

On October 19, 2015, between 2:00 pm and 2:30 pm, a Hearing Officer from the Marketplace's Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. An individual picked up the second call placed to your provided number of ([REDACTED]) and stated that they did know anyone by your name. The Hearing Officer then placed two calls to your provided alternate cell phone number in your Marketplace account, but was unable to reach you.

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

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).

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 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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