



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: AP000000004375



Dear [REDACTED],

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

On August 12, 2015, an eligibility determination notice was issued finding you conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$265.00 per month effective September 1, 2015. You were asked to provide income documentation to verify your income by November 9, 2015. The notice also found your son [REDACTED] eligible for Medicaid effective August 1, 2015.

On August 19, 2015, an additional eligibility determination notice was issued based upon updated information in your account and a new eligibility determination on August 18, 2015. The determination found you conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$265.00 per month effective October 1, 2015. You were asked to provide income documentation to verify your income by November 16, 2015. The notice also found your son [REDACTED] eligible for Medicaid effective August 1, 2015.

On August 18, 2015, you appealed the August 18 eligibility determination insofar as it determined you eligible for advance premium tax credits and cost sharing

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).

reductions. You stated that you would like to have your eligibility redetermined for Medicaid.

On October 20, 2015, a notice of telephone hearing was issued for a telephone hearing on November 6, 2015 at 1:00 pm.

On November 6, 2015, between 1:00 pm and 1:30 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.

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

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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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