



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 15, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000807

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 7, 2014, the Marketplace prepared a preliminary eligibility determination on your application for health insurance. The Marketplace determined that you were eligible to enroll in a qualified health plan and that you were eligible to receive up to \$305.00 in advance premium tax credit (APTC) per month. You were also eligible to receive cost-sharing reductions (CSR) provided you enrolled in a silver-level health plan. An eligibility determination notice was issued on August 8, 2014 that was consistent with that preliminary eligibility determination.

On August 7, 2014, you appealed the preliminary determination. On August 18, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for September 8, 2014 at 2:30 p.m.

Between 2:30 p.m. and 3:15 p.m. on September 8, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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 Your Eligibility?**

The Marketplace's August 8, 2014 eligibility determination remains in effect. You remain eligible to enroll in a qualified health plan, to receive up to \$305.00 in

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advance premium tax credit (APTC) per month, and to get cost-sharing reductions (CSR) provided you enroll in a silver level health plan.

## **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. No further action will be taken on it by the Marketplace.

## **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  
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 Has Been Provided To:**

[REDACTED]

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