



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 30, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001136

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

The Marketplace received your initial Non-Financial Assistance application on November 15, 2014. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to enroll in a qualified health plan.

On November 17, 2014, the Marketplace received your initial Financial Assistance application. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to enroll in a qualified health plan (QHP), receive up to \$307.00 monthly of advance premium tax credit (APTC), and receive cost-sharing reductions (CSR).

On December 2, 2014, you modified your Financial Assistance application.

On December 3, 2014, the Marketplace issued an eligibility determination stating that you are eligible to enroll in a qualified health plan (QHP), receive up to \$248.00 monthly of advance premium tax credit (APTC), and receive cost-sharing reductions (CSR).

On that same day, you spoke with the Marketplace Account Review Unit and appealed that determination.

On December 5, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing requested was scheduled for December 23, 2014.

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).

On December 23, 2014, an impartial hearing officer attempted to contact you at the telephone number provided between 9:00 am and 10:00 am. On the third attempt, you answered, but then terminated the call. The hearing officer attempted to contact you a fourth time, but you did not answer.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 3, 2014, eligibility determination continues in effect.

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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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).