



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001150

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Ms. [REDACTED],

On November 17, 2014, the Marketplace received your initial 2015 application for health insurance.

Between November 17, 2014 and November 18, 2014, you modified your application numerous times.

On December 6, 2014, the Marketplace received your modified 2015 application for health insurance.

On that same day, the Marketplace prepared a preliminary eligibility determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$269.00 per month in advance premium tax credit per month. It also said that you were eligible for cost sharing reductions if you enroll in a silver-level health insurance plan.

On December 6, 2014, you spoke with the Marketplace's Account Review Unit and requested an appeal of the December 6, 2014 preliminary determination.

On December 7, 2014, the Marketplace issued an eligibility determination in your case. That notice reflected the preliminary eligibility determination prepared on December 6, 2014.

You were enrolled in Fidelis Care Silver effective January 1, 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: 1-877-622-4886).

The Marketplace scheduled a telephone hearing on your appeal request and, on December 10, 2014, sent you a notice to tell you that a Hearing Officer would call you at 2:00 p.m. on January 9, 2015.

On January 3, 2015, the Marketplace issued an eligibility redetermination in your case that confirmed the preliminary eligibility determination prepared on December 6, 2014. The notice stated that you were eligible to receive up to \$269.00 per month of advance premium tax credit to help pay for the cost of health coverage. It also said that you were eligible to receive cost sharing reductions.

Between 2:00 p.m. and 2:30 p.m. on January 9, 2015, the Hearing Officer placed three calls to the telephone number that you gave 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 Marketplace's December 7, 2014 eligibility determination remains unchanged.

The Marketplace's subsequent eligibility redetermination issued on January 3, 2015 continues in effect. You remain eligible to enroll in a qualified health plan through the Marketplace and receive up to \$269.00 per month of advance premium tax credit.

### **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.

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## **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.

**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: 1-877-622-4886).