



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001158

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On December 9, 2014, the Marketplace received your updated application for health insurance. That day the Marketplace prepared a preliminary eligibility determination in your case. The determination stated that you were eligible for \$280.00 in advance premium tax credit (APTC) and eligible for cost-sharing reductions (CSR).

Also on December 9, 2014, you spoke with the Marketplace's Account Review Unit and appealed that preliminary eligibility determination.

On December 10, 2014, the Marketplace issued an eligibility determination notice that was consistent with the December 9, 2014 preliminary eligibility determination.

On December 11, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for December 30, 2014 at 2:00 p.m.

At around 2:00 p.m. on December 30, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. You answered the phone and stated that you did not need an appeal anymore and that you had already begun paying your health insurance premiums through the Marketplace. The Hearing Officer asked if you had a few minutes to be sworn in under oath in order for the Hearing Officer to obtain a proper withdrawal over the telephone. You stated that

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you did not have time right now but you might be able to later in the day. However, before the Hearing Officer could schedule a time to call you back, the phone call was terminated. The Hearing Officer attempted to return the phone call at 4:00 p.m. that day but was unable to reach you.

Since you were unable to be sworn in for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 10, 2014 eligibility determination continues in effect. You remain eligible for \$280.00 in APTC and eligible to receive CSR if 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 were not prepared to proceed with your hearing at the time for which it was 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]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

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