



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001261

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 22, 2014, the Marketplace prepared several preliminary eligibility determinations in your case; the last determination stated you were conditionally eligible for up to \$308.00 monthly in advance premium tax credit and cost-sharing reductions.

Also on December 22, 2014, you spoke with the Marketplace's Account Review Unit and appealed the effective date of coverage.

On December 23, 2014, the Marketplace issued an eligibility determination notice that stated you were newly conditionally eligible to receive an advance premium tax credit of up to \$308.00 per month, as well as cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective February 1, 2015. The notice requested that you submit income documentation to the Marketplace before March 24, 2015, in order for your determination to be finalized.

On January 14, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for January 30, 2015 at 3:00 p.m.

Between 3:00 p.m. and 3:30 p.m. on January 30, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed

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).

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 December 23, 2014 eligibility determination continues in effect.

You remain conditionally eligible to receive an advance premium tax credit in the amount of up to \$308.00 per month, as well as cost-sharing reductions if you enrolled in a silver level health plan. This eligibility is effective as of February 1, 2015.

Please note that you must submit income documentation to the Marketplace before March 24, 2015 in order for your eligibility to be finalized.

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:

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- 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]

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