



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 20, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001268

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

Dear [REDACTED],

On December 22, 2014, the Marketplace issued an eligibility redetermination in your case. It stated that you, your spouse, [REDACTED], and your daughter, [REDACTED], are eligible to purchase a qualified health plan through New York State of Health at full cost. It also stated that you are not eligible to receive advance premium tax credits because “Renewal period and income data is not available.”

On December 23, 2014, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination in your case. It stated that you and your spouse are eligible to receive up to \$440.00 per month in advance premium tax credit to help pay for the cost of health insurance and are eligible for cost sharing reductions. It also stated that your daughter was eligible to enroll through Child Health Plus with a \$9.00 premium per month. This eligibility is effective February 1, 2015.

Also on December 23, 2014, you spoke with the Marketplace’s Account Review Unit and appealed that preliminary determination.

On December 24, 2014, the Marketplace issued an eligibility redetermination in your case that reflected the December 23, 2014 preliminary eligibility determination.

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 January 13, 2015, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on January 29, 2015.

Between 9:00 a.m. and 9:30 a.m. on January 29, 2015, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. The Hearing Officer also placed a call to the telephone number listed in the signed Authorized Representative Form for your Authorized Representative, [REDACTED], but was unable to reach her as well. 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 24, 2014 eligibility determination continues in effect.

### **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.

### **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 of Dismissal Has Been Provided To:**

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

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