



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001275

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 4, 2014, your application for health insurance was reviewed by the Marketplace for renewal of your health insurance coverage for 2015. That same day, the Marketplace issued a notice to you, stating that if nothing in your application had changed and you wanted to keep your present plan, you would not need to do anything else for your insurance to continue.

On December 17, 2014, information in your application was updated. On December 18, 2014 the Marketplace issued an eligibility determination notice in your case stating that you were eligible to receive up to \$229.00 per month in advance premium tax credits. You were also found eligible for cost-sharing reductions if you enrolled in a silver level health plan.

On December 24, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On January 7, 2015, the Marketplace issued a notice, stating that the hearing you requested was scheduled for January 22, 2015 at 9:00 am.

At 9:00 a.m. on January 22, 2014, a Hearing Officer called the telephone number that you provided to the Marketplace. With the assistance of Spanish Interpreter [REDACTED], the Hearing Officer asked you if you were ready to proceed with your hearing. You stated that you did not need an interpreter and that you wished to cancel the hearing. Before the Hearing Officer could go on the record and obtain

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your formal withdrawal, you stated again that you did not want a hearing and terminated the phone call.

Since the hearing was terminated before the Hearing Officer could go on the record to obtain a formal withdrawal pursuant to regulations, we must dismiss your appeal as a failure to appear.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 18, 2014 eligibility determination continues in effect. You remain eligible to receive \$229.00 per month in advance premium tax credits and you remain eligible for cost-sharing reductions 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 did not cooperate with the Hearing Officer during the scheduled hearing.

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]

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