



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001313

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 31, 2014, the Marketplace received your modified application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for up to \$9.00 per month in advance premium tax credits (APTC).

Also on December 31, 2014, you spoke with the Marketplace's Account Review Unit and appealed that preliminary eligibility determination.

On January 1, 2015, the Marketplace issued an eligibility determination that stated that you were eligible to receive up to \$9.00 per month in APTC.

On January 9, 2015, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for January 26, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on January 26, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed 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 January 1, 2015 eligibility determination continues in effect.

You remain eligible for \$9.00 per month in APTC.

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:

- 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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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).

A Copy of this Notice 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: 1-877-662-4886).