



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001370

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 21, 2014, the Marketplace issued an eligibility determination notice in your case. That notice stated that you were conditionally eligible to receive up to \$258.00 per month in advance premium tax credit, as well as conditionally eligible to receive cost-sharing reductions if you enrolled in a silver-level health plan. On January 22, 2015, the Marketplace issued an eligibility determination that finalized this eligibility.

On January 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed the amount of advance premium tax credit you were eligible for.

On January 20, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 6, 2015 at 10:00 a.m.

At 10:00 a.m. on February 6, 2015, a Hearing Officer attempted to call the phone number that you gave the Marketplace but the call was unable to be completed because the number was temporarily out of service. There were no alternative phone numbers listed in your account.

If you provide the Marketplace a phone number where we can reach you within 30 days of this notice, your hearing will be rescheduled and a new Notice of Hearing will be sent to you.

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).

Failure to provide a contact number within 30 days will result in a dismissal of your appeal.

How does this Dismissal Affect Your Eligibility?

If you provide a working contact phone number within 30 days, this matter will be rescheduled. If you fail to provide a working number, the Marketplace's January 22, 2015 eligibility determination will continue 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. 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.

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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