



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 26, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001408

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 9, 2014, the Marketplace issued a notice regarding your 2015 health plan coverage. It said that you, your wife, and your son were re-enrolled in platinum level qualified health plan, FlexFit Platinum NS OON Dep25 Nurse Helpline Telemedicine Wellness, beginning January 1, 2015; and your two younger children were enrolled in a Child Health Plus plan with Independent Health Association, Inc., beginning January 1, 2015, all at full cost.

On November 16, 2014, the Marketplace reran your eligibility based on updated information and found that your family is not eligible for financial assistance but does qualify to buy a health plan at full cost through the Marketplace.

On January 9, 2015, you appealed the eligibility redetermination insofar as you were disputing the income amount obtained from federal and state data sources and the level of advance premium tax credit (APTC) that was calculated based on an incorrect income amount.

The Marketplace scheduled a telephone hearing and sent you notice on January 24, 2015, telling you that a Hearing Officer would call you at about 10:00 a.m. on February 12, 2015.

Between 10:00 a.m. and 10:40 a.m. on February 12, 2015, the Hearing Officer from New York State of Health Appeals Unit placed three calls to the primary telephone number and one call to the cellular number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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).

## **How does this Dismissal Affect Your Eligibility?**

The eligibility determinations on appeal have been superseded (replaced) by a January 6, 2015 eligibility redetermination prepared by the Marketplace.

This Notice of Dismissal does not affect your household's current enrollment in a qualified health plan through the Marketplace, or the tax credits or cost-sharing reductions to which your household members are entitled.

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

[REDACTED]  
[REDACTED]  
[REDACTED]