



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001568

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED] . [REDACTED] ,

On January 23, 2015, based on your updated application, the Marketplace prepared a preliminary eligibility redetermination that you and your spouse are eligible for advance premium tax credits (APTC) up to \$573.00 and cost-sharing reductions (CSR), starting March 1, 2015.

That same day, you appealed the start date of March 1, 2015 and requested that the start date be made January 1, 2015.

On January 24, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the January 23, 2015 preliminary eligibility redetermination.

That same day, the Marketplace issued a notice confirming your enrollment in PrimarySelect PCMH Silver, with coverage to begin after you had paid your first month's premium, which could be as early as January 1, 2015.

The Marketplace scheduled a telephone hearing and sent you notice on February 9, 2015, telling you that a Hearing Officer would call you on February 27, 2015 at about 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m. on February 27, 2015, a Hearing Officer from the Marketplace's Appeals Unit placed three calls with a Spanish Interpreter to the primary telephone 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 Marketplace's January 24, 2015 notice of eligibility redetermination continues in effect insofar as the APTC and CSR determinations, but not as to the start date.

Subsequent notices issued by the Marketplace on January 24, 2015 and February 3, 2015, confirm your enrollment in PrimarySelect PCMH Silver, with coverage to begin after you had paid your first month's premium, which could be as early as January 1, 2015.

## **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]