



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001632

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, the Marketplace prepared a preliminary eligibility determination on your application for health insurance. The preliminary eligibility determination stated that you were eligible for \$70.00 per month in advance premium tax credits (APTC) and cost sharing reductions.

Also on January 29, 2015, you requested an appeal regarding the amount of advance premium tax credit you were eligible for, as well as the fact that you could only select a “Child Only” health plan.

On January 30, 2015, the Marketplace issued an eligibility determination notice that stated you were eligible for up to \$70.00 per month in APTC and, if you enrolled in a silver level health plan, cost sharing reductions.

On March 6, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 25, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on March 25, 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.

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 30, 2015 eligibility determination remains in effect.

You remain eligible for up to \$70.00 in APTC and, if you enroll in a silver level health plan, cost-sharing reductions.

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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