



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: AP000000001638

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 30, 2015, the Marketplace prepared a preliminary eligibility determination that you are eligible to receive an advance premium tax credit of up to \$230.00 per month and cost-sharing reductions effective March 1, 2015.

Also on January 30, 2015, you spoke to the Marketplace's Account Review Unit and appealed that preliminary eligibility determination insofar as it did not approve an advance premium tax credit of more than \$230.00 per month.

On February 6, 2015, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for February 26, 2015 at 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m. on February 26, 2015, a Hearing Officer made three attempts to call the telephone number that you gave the Marketplace. On the first attempt, the Hearing Officer was unable to leave a voicemail message. On the second attempt, the Hearing Officer was able to leave a voicemail message that it was the second attempt to contact you. On the third attempt, the Hearing Officer was able to connect the call but, after introducing herself, the call was terminated and she 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: 1-877-622-4886).

How does this Dismissal Affect My Eligibility?

The Marketplace's January 31, 2015 eligibility determination continues 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, and the Marketplace will take no further action on your appeal.

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: 1-877-622-4886).

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: 1-877-622-4886).

A Copy of this Notice of Dismissal Has Been Provided To:

██████████
██████████
██████████

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: 1-877-622-4886).