

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

### **NOTICE OF DISMISSAL - FAILURE TO APPEAR**

Notice Date: March 4, 2015
NY State of Health Number: AP00000001666
Dear,
On January 21, 2015, the Marketplace issued an eligibility determination in your case that stated you and were together eligible for up to \$578.00 per month in advance premium tax credit, as well as cost-sharing reductions if you enrolled in a silver level health plan. This eligibility was effective

March 1, 2015.

On February 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed the failure of the Marketplace to provide a timely notice of eligibility determination in so far as the January 21, 2015 notice was issued too late for you

On February 7, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 2, 2015 at 10:00 a.m.

to be able to pick a plan for coverage effective February 1, 2015.

Between 10:00 a.m. and 10:30 a.m. on March 2, 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.

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

The January 21, 2015 eligibility determination remains in effect.

However, an eligibility redetermination notice was later issued on February 7, 2015, which effectively supersedes the January 21, 2015 determination. That notice remains in effect, and you and are eligible for up to \$612.00 per month in advance premium tax credit and, if you enrolled in a silver level health plan, cost-sharing reductions.

You and are also eligible for the APTC Premium Assistance Program which may be able to reduce your premium to \$0.00 if you select a silver level plan and use the entire amount of your tax credit. This eligibility is effective March 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

# **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

# A Copy of this Notice Has Been Provided To: