



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: AP000000001748

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 10, 2015, the Marketplace rendered a preliminary eligibility determination on your application for health insurance. The preliminary eligibility determination stated that you were eligible for up to \$5.00 per month in advance premium tax credit (APTC) and, if you enrolled in a silver level health plan, eligible for cost sharing reductions.

Also on February 10, 2015, you requested an appeal regarding the amount of advance premium tax credit you were eligible for.

On February 11, 2015, the Marketplace issued an eligibility determination notice that stated you were eligible for \$5.00 per month in APTC and cost sharing reductions if you enrolled in a silver level health plan.

On March 2, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 23, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on March 23, 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 February 11, 2015 eligibility determination remains in effect.

You remain eligible for \$5.00 in APTC and cost-sharing reductions if you enroll in a silver level health plan.

## **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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