



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 22, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001803

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 6, 2014, the Marketplace issued a renewal notice that, based on information from federal and state sources, it cannot decide whether you qualify for financial help paying for your health coverage. The notice also directed you to update the information on your Marketplace account by December 15, 2014.

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination that you are newly eligible to purchase a qualified health plan at full cost through the Marketplace effective January 1, 2015.

On January 6, 2015, based on updated information added to your account on January 5, 2015, the Marketplace issued a notice of eligibility redetermination that you are newly eligible to receive an advance premium tax credit (APTC) and cost sharing reductions (CSR) effective February 1, 2015.

On February 17, 2015, you appealed the eligibility determination insofar as your APTC and CSR start date was February 1, 2015 and you wanted these subsidies applied to your January 2015 premium.

The Marketplace rescheduled the April 9, 2015 telephone hearing at your request and sent you notice on March 25, 2015, telling you that a Hearing Officer would call you on April 22, 2015 at about 3:15 p.m.

Between 3:15 p.m. and 3:45 p.m. on April 22, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number 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 6, 2015 notice of eligibility determination remains 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. 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.

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

[REDACTED]  
[REDACTED]  
[REDACTED]