



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001805

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 17, 2015, your Marketplace application was updated which prompted the Marketplace to prepare a preliminary eligibility redetermination. It determined, in relevant part, that your nineteen year-old daughter is eligible to receive advance premium tax credits of \$0.00 per month and, if she selects a silver-level qualified health plan, for cost-sharing reductions. This eligibility was effective April 1, 2015.

That same day, you appealed the eligibility redetermination insofar as the level of advance premium tax credit your daughter was eligible for.

On February 18, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the February 17, 2015 preliminary eligibility redetermination.

The Marketplace scheduled a telephone hearing and sent you notice on March 11, 2015, telling you that a Hearing Officer would call you on April 6, 2015 at about 11:00 a.m.

Between 11:00 a.m. and 11:30 a.m. on April 6, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace but was not able to reach you. The Hearing Officer also reviewed your Marketplace account and appeal request and noted there was no alternate telephone number provided 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 18, 2015 notice of eligibility redetermination 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. 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]