



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001906

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 2, 2015, the Marketplace prepared a preliminary eligibility redetermination based on your updated application. It determined, in part, that you are eligible to receive advance premium tax credits (APTC) of up to \$54.00 monthly and, if you select a silver-level qualified health plan, for cost-sharing reductions.

That same day, you appealed the eligibility redetermination insofar as the amount of monthly APTC to which you were entitled.

On March 3, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the March 2, 2015 preliminary eligibility redetermination.

The Marketplace scheduled a telephone hearing and sent you notice on March 4, 2015, telling you that a Hearing Officer would call you on March 25, 2015 at about 9:00 a.m.

Between 9:00 p.m. and 9:30 p.m. on March 25, 2015, the Hearing Officer called the primary telephone number that you gave the Marketplace three times 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The Marketplace's March 3, 2015 notice of eligibility redetermination has been superseded (replaced) by a March 16, 2015 notice of eligibility redetermination that has the same outcome. The March 16, 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

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 of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]