



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002164

[REDACTED]
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED],

On March 16, 2015, the Marketplace issued a notice of eligibility redetermination that stated you were eligible to purchase a qualified health plan at full cost through New York State of Health. The notice further stated that you were not eligible to receive advance premium tax credits to help pay for the cost of your insurance because your application stated that you are married but not filing taxes jointly. The notice stated that you were also not eligible for cost-sharing reductions because you were ineligible to receive any advance premium tax credits.

On or about March 24, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not approve any financial assistance to help pay for the cost of your insurance.

On March 31, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 23, 2015 at 1:00 p.m.

At around 1:00 p.m. on April 23, 2015, a Hearing Officer attempted to place a call to the telephone number that you gave the Marketplace, but was unable to reach you because the number you provided was no longer in service.

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: 1-877-622-4886).

Since you did not appear for your hearing as scheduled, we are dismissing your appeal. However, you may provide a different, working contact number by calling the Marketplace Customer Service Center at 1-855-355-5777, and request that this dismissal be vacated.

How does this Dismissal Affect My Eligibility?

The Marketplace's March 16, 2015 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, and the Marketplace will take no further action on your appeal.

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: 1-877-622-4886).

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]

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