



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002291

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 3, 2015, the Marketplace issued a preliminary eligibility determination based on your April 3, 2015 application. It stated that you were eligible to receive an advance premium tax credit (APTC) of up to \$279.00 per month and cost-sharing reductions (CSR) beginning May 1, 2015.

Also on April 3, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 3, 2015 preliminary eligibility determination insofar as you were not eligible to enroll in a plan since you had not qualified for an SEP.

On April 4, 2015, the Marketplace issued a notice of eligibility determination that stated that you were eligible to purchase a qualified health plan (QHP); eligible to receive an APTC of up to \$279.00 per month; and, if you selected a silver-level plan, eligible for CSR, effective May 1, 2015. However, it also stated that you did not qualify to select a plan outside of the open enrollment period because the requirements to qualify for a special enrollment period (SEP) outside of the open enrollment period had not been met.

On April 29, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 20, 2015 at 3:00pm.

On May 20, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you

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).

provided to the Marketplace on three separate occasions between 3:04pm and 3:35pm. On the first two call attempts the Hearing Officer was forced to leave a voicemail. On the final call attempt an individual answered and indicated that you were not available. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determination issued on April 4, 2015 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 Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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