



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002436

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 15, 2015, the Marketplace received your household's updated application for health insurance. That day, a preliminary eligibility determination was prepared that stated in part that your nineteen-old-child was eligible to receive \$0.00 of advance premium tax credits (APTC) per month and, if a silver-level qualified health plan was selected, cost-sharing reductions (CSR), effective May 1, 2015.

That same day, you spoke with a representative from the Marketplace's Account Review Unit and appealed the preliminary eligibility redetermination insofar that your nineteen-year-old child was eligible for APTC but at \$0.00 per month.

On April 16, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the April 15, 2015 preliminary redetermination.

The Marketplace scheduled a telephone hearing and sent you notice on April 23, 2015, telling you that a Hearing Officer would call you on May 18, 2015 at about 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on May 18, 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.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 16, 2015 eligibility redetermination continues in effect.

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).

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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]