



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002533

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On April 9, 2015, the Marketplace issued a notice of eligibility determination based on your April 8, 2015 application. It stated that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$227.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR). This eligibility was effective May 1, 2015. It further stated that your two children were newly eligible for coverage through Child Health Plus (CHP) at a reduced monthly premium rate of \$9.00 per child, also effective May 1, 2015.

Your Marketplace account details reflect that on April 8, 2015, you enrolled in a silver-level QHP and enrolled your two children in a CHP plan, in each case with coverage beginning June 1, 2015.

On April 21, 2015, you spoke with the Marketplace Account Review Unit and appealed the coverage start date for both you and your children insofar as coverage could begin no earlier than June 1, 2015.

On May 6, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 28, 2015 at 11:00 a.m.

On May 28, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 11:02 a.m and 11:32 a.m. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

You eligibility has not changed. You and your children remain enrolled in your respective health plans effective June 1, 2015.

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 Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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