



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002743

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 5, 2015, the Marketplace received your application for health insurance and made a preliminary eligibility determination in your case, stating that you were eligible to receive an advance premium tax credit of up to \$250.00 per month and cost-sharing reductions, effective June 1, 2015.

Also on May 5, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as you were not found eligible for Medicaid.

On May 6, 2015, the Marketplace issued a notice of eligibility determination, stating that effective June 1, 2015, you were eligible to receive an advance premium tax credit of up to \$250.00 per month and, if you enrolled in a silver level plan, cost-sharing reductions.

On May 12, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 5, 2015 at 2:00 p.m.

Between 2:00 p.m. and 2:45 p.m. on June 5, 2015, a Hearing Officer placed three calls to the telephone number that you have provided to the Marketplace, 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: 1-877-622-4886).

How does this Dismissal Affect My Eligibility?

The May 6, 2015 notice of eligibility determination will not be reviewed.

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

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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