



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: APM0000000014

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 1, 2015 the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$317.00 of advance premium tax credits per month and, if you enrolled in a silver level health plan, cost-sharing reductions.

On January 21, 2015 the Marketplace issued an enrollment confirmation notice that stated your enrollment through your qualified health plan could begin no sooner than March 1, 2015.

On January 20, 2015 you contacted the Marketplace Account Review Unit and requested an appeal insofar as the start date of your qualified health plan. This appeal was assigned AP000000001552.

On May 28, 2015 Marketplace issued a Notice of Telephone Hearing scheduling your hearing for June 17, 2015 at 9:00 am. The Notice of Telephone Hearing was issued under APM0000000014 because AP000000001552 had been closed in error.

On June 17, 2015 you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided on three separate occasions between 9:00 am and 9:30 am. You did not answer. Therefore, we were unable to reach 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).

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's January 21, 2015 enrollment confirmation notice continues in effect.

Any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

### **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference 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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