



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

## Notice of Dismissal – Failure to Appear

Notice Date: July 3, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000575

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 8, 2014, the Marketplace prepared a preliminary eligibility determination in your case. The eligibility determination issued on April 19, 2014 was consistent with the April 8, 2014 preliminary determination. The Marketplace determined that, on a household income of \$47,206.00, you were entitled to an advance premium tax credit (APTC) of up to \$130.00 per month and were entitled to cost-sharing reductions (CSR).

On April 14, 2014, you appealed the preliminary determination.

The Marketplace scheduled a telephone hearing on your appeal request and on May 5, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 1:00 p.m. on May 21, 2014.

Between 1:00 p.m. and 2:30 p.m. on May 21, 2014, the Hearing Officer placed three calls to the telephone number that you provided 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 19, 2014 notice of eligibility determination 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 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.

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]

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).