



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 30, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001045

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

Dear [REDACTED],

The Marketplace received your initial application on July 11, 2014.

On July 12, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to enroll in a qualified health plan, eligible to receive up to \$201.00 monthly of advanced premium tax credit, and eligible for cost-sharing reductions.

On July 15, 2014, the Marketplace issued an eligibility determination notice consistent with the July 12, 2014 notice. The notice also stated that you do not qualify to select a health plan outside of the open enrollment period because you do not qualify for a special enrollment period.

On October 10, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On October 16, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing requested was scheduled for November 5, 2014 at 2:30 pm.

On November 5, 2014, an impartial hearing officer attempted to contact you three times at the telephone number provided between 2:30 pm and 3:15 pm. There was no answer.

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).

On November 17, 2014, the Marketplace Account Review Unit attempted to contact you to reschedule your hearing. A voice message was left for you to contact the Marketplace if you wanted to reschedule your hearing. You did not contact the Marketplace to reschedule your hearing.

Accordingly, we are dismissing your case.

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

The Marketplace's July 15, 2014, eligibility determination continues in effect.

### **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] [REDACTED]  
[REDACTED]  
[REDACTED]

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