



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001191

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 6, 2014, the Marketplace reran your eligibility for health insurance for 2015.

On November 7, 2014, the Marketplace issued a notice stating that you were re-enrolled in your current plan for 2015, eligible to receive up to \$574.68 per month in advance premium tax credit, and eligible to receive cost-sharing reductions, if you are enrolled in a silver-level plan.

On December 15, 2014, you reapplied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating that you and your spouse, [REDACTED], are eligible for up to \$577.00 monthly of advance premium tax credit and cost-sharing reductions. The notice also states that in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application was accurate.

On that same day you spoke to the Marketplace Account Review Unit and appealed that determination.

On December 16, 2014, the Marketplace issued an eligibility determination consistent with the December 15, 2014, preliminary eligibility determination.

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 December 18, 2014, the Marketplace issued a Notice of Telephone Hearing to you advising you that the hearing requested was scheduled for January 7, 2015 at 1:00 pm.

On January 7, 2015, you requested to adjourn the hearing until January 9, 2015, at 3:00 pm. You waived the fifteen-day notice of hearing requirement.

On January 9, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing attempted to contact you at the phone number provided on three separate occasions between 3:00 pm and 4:00 pm. We were unable to reach you.

Accordingly, we are dismissing your case.

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

This Dismissal does not change your eligibility.

The December 16, 2014, eligibility determination remains 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.

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## **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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