



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001223

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

Dear [REDACTED],

The Marketplace received your initial application for health insurance on December 15, 2014.

On December 16, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to enroll in a qualified health plan and eligible to receive an advance premium tax credit up to \$0.00 monthly.

On December 17, 2014, you applied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to enroll in a qualified health plan and eligible to receive an advance premium tax credit up to \$0.00 monthly.

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

On December 22, 2014, the Marketplace issued a Notice of Telephone Hearing advising you that your hearing was scheduled for January 8, 2015.

On January 8, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number provided on three separate occasions between 10:00 am and 11:00 am. We were unable to reach you. Accordingly, we are dismissing your case.

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).

How does this Dismissal Affect Your Eligibility?

This Dismissal does not change your eligibility.

This Dismissal has no effect on any determinations that were made after the December 17, 2014 preliminary eligibility determination.

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

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).

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]

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