



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001225

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 30, 2014, the Marketplace received your initial application for health insurance for yourself and your spouse, [REDACTED].

On December 15, 2015, the Marketplace received your modified application for health insurance for yourself and your spouse.

On December 16, 2014, the Marketplace issued an eligibility determination in your case. It said that your spouse was eligible to receive up to \$98.00 in advance premium tax credit to help pay for the cost of health insurance coverage. It also said that you were eligible to purchase a qualified health plan at full cost through New York State of Health. It further indicated that you were not eligible to receive advance premium tax credit because you have access to affordable coverage through an employer.

On, or around, December 17, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

The Marketplace scheduled a telephone hearing on your appeal request and, on December 30, 2014, sent you a notice to tell you that a Hearing Officer would call you at 10:00 a.m. on January 14, 2015.

Between 10:00 a.m. and 10:30 a.m. on January 14, 2015, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but

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: 1-877-622-4886).

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 My Eligibility?**

The Marketplace's December 16, 2014 eligibility determination continues in effect.

## **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, and the Marketplace will take no further action on your appeal.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the 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

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## **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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