



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001316

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 31, 2014, you modified your Marketplace Account through the Marketplace. The Marketplace prepared a preliminary eligibility determination that [REDACTED] and [REDACTED] are eligible to receive up to \$159.00 per month in advance premium tax credit effective February 1, 2015, and [REDACTED] is eligible to enroll in Child Health Plus with a monthly premium amount of \$45.00 effective February 1, 2015.

On December 31, 2014, you spoke to the Marketplace Account Review Unit and appealed the effective coverage date of February 1, 2015.

On January 1, 2015, the Marketplace issued an eligibility determination notice consistent with the December 31, 2014 preliminary eligibility determination.

On January 14, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for January 30, 2015, at 1:00 pm.

On January 30, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three separate occasions between 1:00 pm and 2:00 pm. We could not 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?**

The Marketplace's January 1, 2015, 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]

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