



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: AP000000001345

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 3, 2014, the Marketplace sent you a notice that you have been re-enrolled in your current health plan for 2015 through New York State of Health. The notice stated that you and your spouse, [REDACTED], and dependent, [REDACTED] are eligible for a tax credit up to \$516.07 per month, and are not eligible for cost-sharing reductions if you are enrolled in a silver level plan. The notice also finds [REDACTED] eligible for Child Health Plus with a cost of \$30.00 per month.

On November 16, 2014, and December 23, 2014, you modified your Marketplace application.

On December 24, 2014, the Marketplace issued an eligibility determination notice stating that you, your spouse, and dependent, [REDACTED] are eligible for advance premium tax credits up to \$766.00 per month and eligible for cost-sharing reductions, if you select a silver-level qualified health plan. The notice also found [REDACTED] eligible to enroll in Child Health Plus with a \$15.00 premium per month.

On January 5, 2015, you spoke with the Marketplace's Account Review Unit and appealed that eligibility determination.

On January 13, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for January 28, 2015, at 10:00 am.

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 January 28, 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 10:00 am and 10:30 am. We could not reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's December 24, 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.

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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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