



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 11, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001386

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 1, 2015, the Marketplace issued an eligibility determination notice in your case, stating you were eligible to receive up to \$11.00 per month in advance premium tax credit.

On January 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed the amount of advance premium tax credit you were eligible for.

On January 20, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 9, 2015 at 9:00 a.m.

Between 9:00 a.m. and 9:30 a.m. on February 9, 2015, a Hearing Officer attempted to call the phone number that you gave the Marketplace but the call was unable to be completed because the number was temporarily out of service. There were no alternate phone numbers listed in your account.

If you provide the Marketplace an alternate phone number within 30 days of this notice, your hearing will be rescheduled and a new Notice of Hearing will be sent to you.

Failure to provide an alternate phone number within 30 days will result in a dismissal of your appeal.

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?**

If you provide an alternate phone number within 30 days, this matter will be rescheduled. If you fail to provide an alternate phone number, the Marketplace's January 1, 2015 eligibility determination will continue 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. No further action will be taken on it by the Marketplace.

## **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

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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).

**A Copy of this Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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).