



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 26, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001410

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 23, 2014, the Marketplace issued a notice of eligibility redetermination, which stated that, based on your updated application of December 22, 2014, you, your wife and your two grown children were eligible to receive advance premium tax credits and cost-sharing reductions and your five minor children were eligible to enroll through Child Health Plus with a \$9.00 premium per month for each, all effective February 1, 2015.

On December 30, 2014, you appealed the enrollment start date of February 1, 2015, in writing and requested that the start date be changed to January 1, 2015 for all household members.

The Marketplace scheduled a telephone hearing and sent you notice on January 23, 2015, to tell you that a Hearing Officer would call you at about 9:00 a.m. on February 12, 2015.

At 9:00 a.m. on February 12, 2015, a Hearing Officer from the New York State of Health Appeals Unit called the primary telephone number you had provided and spoke with your wife. She indicated that you were not available for the telephone hearing and had notified the Marketplace the evening before that you wanted to withdraw your appeal because January 2015 had passed and coverage was in place beginning February 1, 2015 for all of the household family members.

Although your wife indicated that you contacted the Marketplace to cancel your hearing, the Appeals Unit is authorized to dismiss appeals in the case of a failure to appear or on the basis of an oral or written withdrawal. The Hearing Officer explained to your wife

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that your appeal would be dismissed for failure to appear so you would not have to do anything further.

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

The Marketplace's December 23, 2014 eligibility redetermination continues in effect.

Your household's eligibilities and enrollments as of February 1, 2015 are not affected.

## **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

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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]