



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: March 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001603

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 22, 2014, the Marketplace issued an eligibility determination notice stating you, [REDACTED], and [REDACTED] are eligible to purchase a qualified health plan at full cost through New York State of Health effective January 1, 2015.

On January 27, 2015, you spoke to the Marketplace Account Review Unit and filed an appeal insofar as not having financial assistance for your January 2015 health insurance coverage through the Marketplace.

On February 9, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for February 26, 2015, at 3:00 pm.

On February 26, 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 3:06 pm and 3:28 pm. We could not reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's December 22, 2014, eligibility determination continues in effect.

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).

## **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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