



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001662

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 19, 2015, the Marketplace issued an eligibility determination notice that stated you are eligible to receive an advance premium tax credit of up to \$277.00 per month and cost-sharing reductions, effective March 1, 2015.

On February 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it began your financial assistance eligibility on March 1, 2015, and not February 1, 2015.

On March 9, 2015, you were scheduled to have a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. However, on that date the Marketplace's Appeals Unit experienced technical difficulties and your hearing was rescheduled.

On March 11, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested had been rescheduled for April 7, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on April 7, 2015, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace, but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing 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: 1-877-622-4886).

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

The Marketplace's January 19, 2015 eligibility determination continues 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, and the Marketplace will take no further action on your appeal.

## **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

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: 1-877-622-4886).

## **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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