



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001702

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, the Marketplace issued an eligibility determination notice stating that you, your spouse, and child are eligible to receive up to \$688.00 of advance premium tax credits and cost-sharing reductions effective March 1, 2015.

On February 5, 2015, you spoke to the Marketplace Account Review Unit and appealed the financial assistance effective date of March 1, 2015.

On February 20, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for March 10, 2015.

On March 10, 2015, the Marketplace experienced technical problems that prohibited your hearing from being held.

On March 11, 2015, the Marketplace issued a Notice of Telephone Hearing rescheduling your hearing for April 7, 2015 at 9:00 am.

On April 7, 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 9:00 am and 10:00 am. We could not reach you.

Accordingly, we are dismissing your case.

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?

The Marketplace's January 29, 2015, 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.

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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