



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: AP000000001726

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED] [REDACTED],

On February 9, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 7, 2015 eligibility determination insofar as you and your spouse were found eligible to begin receiving an advance premium tax credit no earlier than March 1, 2015.

On February 19, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 11, 2015 at 9:00 a.m.

On March 11, 2015, the Marketplace issued a Notice of Hearing Cancellation advising you that the hearing scheduled for March 11, 2015 was "postponed due to network issues," and that a new Notice of Telephone Hearing would be issued when the hearing is rescheduled.

On March 11, 2015, the Marketplace issued a new Notice of Telephone Hearing advising you that your hearing was rescheduled for April 6, 2015 at 11:00 a.m.

On April 6, 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 to the Marketplace on three separate occasions between 11:03 a.m. and 11:33 a.m. We were unable able to reach you.

Accordingly, 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: 1-877-662-4886).

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

The Marketplace's eligibility determination issued on February 7, 2015 remains 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

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).

## **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).