



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: AP000000001744

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 17, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for up to \$148.00 of advance premium tax credits per month, and you are not eligible for cost-sharing reductions and Medicaid because your household income is over the allowable income limit.

On February 10, 2015, you spoke to the Marketplace Account Review Unit and appealed the amount of financial assistance you were determined eligible to receive.

On February 18, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for March 9, 2015.

On March 9, 2015, the Marketplace experienced technical problems that prohibited your hearing from being held.

On March 12, 2015, the Marketplace issued a Notice of Telephone Hearing rescheduling your hearing for April 7, 2015 at 3:00 pm.

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 between 3:00 pm and 4:00 pm. However, we could not reach you because the telephone number provider was “temporarily out of service.”

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).

Accordingly, we are dismissing your case.

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

The Marketplace's January 17, 2015, eligibility determination continues in effect.

However, this dismissal does not affect any eligibility determinations made subsequent to the January 17, 2015, eligibility determination.

### **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

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.

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**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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