



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 28, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001802

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 17, 2015, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination, which stated that you were eligible to receive an advance premium tax of up to \$200.00 per month and cost-sharing reductions.

Also on February 17, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it did not approve an advance premium tax credit of more than \$200.00 per month.

On February 18, 2015, the Marketplace issued a notice of eligibility determination that reflected the February 17, 2015 preliminary eligibility determination.

On March 13, 2015, you were scheduled to have a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit; however, you requested to adjourn the hearing to March 20, 2015.

On March 20, 2015, you again requested to adjourn your hearing. The Hearing Officer granted your request and your hearing was adjourned to March 26, 2015.

On March 26, 2015, the Hearing Officer was unable to reach you at the telephone number you provided the Marketplace and your hearing was rescheduled.

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).

On April 2, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was rescheduled for May 15, 2015 at 3:00 p.m.

Between 3:00 p.m. and 3:30 p.m. on May 15, 2015, a Hearing Officer placed three calls to the new 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.

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

The February 18, 2015 notice of eligibility determination 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, 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.

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## **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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