



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002099

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 18, 2015, the Marketplace prepared a preliminary eligibility determination stating that you and your spouse are eligible for up to \$43.00 of advance premium tax credit. Your children were determined eligible for Child Health Plus with a monthly premium amount of \$60.00 each with a start date of May 1, 2015. Each of you were directed to submit documents to confirm that the information provided was accurate.

On that same day you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the start date of your children's Child Health Plus.

On March 19, 2015, the Marketplace issued an eligibility determination notice stating that you and your spouse are conditionally eligible for up to \$43.00 of advance premium tax credit. Your children were determined conditionally eligible for Child Health Plus with a \$60.00 monthly premium each. Each of you were directed to supply income documentation to confirm your eligibility.

On April 4, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for April 30, 2015 at 9:00 am.

On April 30, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided on three separate occasions between 9:00 am and 10:00 am. You did not answer. Therefore, we were unable to reach you.

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 March 19, 2015 eligibility determination continues in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

### **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

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).

- 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]

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).