



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002625

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 27, 2015, the Marketplace prepared a preliminary eligibility determination that you are eligible to receive up to \$235.00 of advance premium tax credits and cost sharing reductions, but do not qualify to select a health plan outside of the open enrollment period for 2015.

That same day, you appealed not being given a special enrollment period within which to select a qualified health plan.

On April 28, 2015, the Marketplace issued a notice of eligibility determination that was consistent with the April 27, 2015 preliminary determination.

On May 18, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 12, 2015 at 2:00 p.m.

On June 12, 2015, an impartial Hearing Officer attempted to contact you three times at the primary telephone number you provided to the Marketplace between 2:00 p.m. and 2:30 p.m., but was not able to reach you. Since the Hearing Officer was unable to conduct the hearing, we are dismissing your appeal.

### How does this Dismissal Affect Your Eligibility?

Your appeal of the Marketplace's April 28, 2015 eligibility determination notice is dismissed.

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).

Please note this dismissal has no effect on any eligibility determination notices issued after April 28, 2015.

## **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

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]