



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002725

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

Dear [REDACTED],

On April 30, 2015, the Marketplace issued an eligibility determination notice that you are conditionally eligible to receive up to \$234.00 of advance premium tax credits and cost sharing reductions. The notice further stated that you have to provide proof of immigration status by July 28, 2015 in order to confirm your eligibility.

On May 4, 2015, you appealed the eligibility determination insofar as you did not agree with the advance premium tax credit amount.

On May 11, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 12, 2015 at 9:00 a.m.

On June 12, 2015, an impartial Hearing Officer attempted to contact you three times with the assistance of a Spanish interpreter. On the third attempt, you picked up and requested that the call be transferred to your partner and provided his number. At 9:14 a.m. with the assistance of Spanish interpreter, the Hearing Officer contacted your partner but was put on hold for a long period time. Your partner did not come back on the line so the Hearing Officer ended the call. Since the Hearing Officer was unable to conduct the hearing, we are dismissing your appeal.

### How does this Dismissal Affect Your Eligibility?

The Marketplace's eligibility determination issued on April 30, 2015 remains in effect.

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).

## **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]