



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002823

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On April 23, 2015 the Marketplace issued an eligibility determination notice that you are eligible to purchase a qualified health plan at full cost through the Marketplace. The notice states that you are not eligible for financial assistance because “your identity matches that of a person who is now in receipt of public health insurance through your Local Department of Social Services.”

On May 4, 2015 the Marketplace received your written appeal request. You requested an appeal insofar as you were no longer eligible for financial assistance through the Marketplace.

On June 1, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for July 7, 2015 at 9:00 am.

On July 7, 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 9:30 am. You did not answer. Therefore, we were unable to reach you.

Accordingly, we are dismissing your case.

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

The Appeals Unit of NY State of Health will not review your appeal at this time.

## **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

## **Legal Authority**

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

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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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