



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003061

[REDACTED]

Dear [REDACTED],

On March 14, 2015, the Marketplace issued an enrollment notice confirming you and your spouse's enrollment in gold-level qualified health plan (QHP) at a premium cost of \$512.84, after applying the maximum advance premium tax credit (APTC) of \$359.00. The notice further stated that you could begin your coverage as early as January 1, 2015 provided your first month's premium was received. You appealed this determination insofar as you and your spouse were enrolled in a QHP that you did not select.

On September 10, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 8, 2015 at 2:00 p.m.

Between 2:02 p.m. and 2:07 p.m. on October 8, 2015, a Hearing Officer placed two calls to the telephone number that you have provided to the Marketplace. On the Hearing Officer's second attempt to reach you, an individual answered and stated that you were not available at that phone number.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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

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.

## **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**

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).

We are sending you this notice in accordance with Code of Federal Regulations  
45 CFR § 155.530.

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can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

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



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