



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002325

[REDACTED]

Dear [REDACTED],

On April 9, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible to receive an advance premium tax credit of up to \$176.00 per month and cost-sharing reductions, if you enroll in a silver-level qualified health plan (QHP) effective May 1, 2015. However, the notice also stated that do not qualify to select a QHP outside of the open enrollment period. You appealed this determination.

On September 2, 2015 you had a scheduled telephone hearing with a Hearing Office from the Marketplace Appeals Unit. However, the Hearing Officer was unable to reach you.

On September 7, 2015 the Marketplace Appeals Unit issued a Notice of Dismissal for failing to appear for the scheduled hearing on September 2, 2015.

On September 21, 2015 the Marketplace received a letter from you requesting to reopen your dismissed appeal. That request was granted.

On October 8, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 28, 2015 at 10:00 am.

Between 10:00 am. and 10:30 am on October 28, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact you using the telephone number that you provided to the Marketplace, but was 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: 1-877-622-4886).).

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

We are sending you this notice in accordance with Code of Federal Regulations 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: 1-877-622-4886).

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



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).