



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 14, 2015]

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002704

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 29, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$285.00 per month; and eligible for cost-sharing reductions (CSR), provided you selected a silver-level plan. It also stated that you were not eligible for Medicaid and did not qualify for a special enrollment period (SEP) to select a plan outside of the open enrollment period. This determination was effective June 1, 2015. You appealed this determination insofar as you did not qualify for an SEP.

On July 24, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for September 8, 2015 at 10:00am.

At 10:30 a.m. on September 8, 2015, a Hearing Officer called the telephone number that you have provided to the Marketplace. You answered the phone and stated that you no longer wanted to proceed with the appeal since you had now obtained health coverage. The Hearing Officer asked to swear you in, in order to obtain a proper withdrawal over the telephone. You stated that you did not have time since you were at work.

Since you were unable to be sworn in for your hearing as scheduled, we are dismissing your appeal.

How Does this Dismissal Affect Your Eligibility?

The Marketplace's Appeals Unit 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: 1-877-662-4886).

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

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A Copy of this Notice Has Been Provided To



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