



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: AP000000003204

[REDACTED]

Dear [REDACTED],

On May 28, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible to purchase a qualified health plan (QHP) at full cost. The notice also stated that you were not eligible for an advance premium tax credit (APTC) since you were married, but not filing taxes jointly with your spouse. You were also not eligible for cost-sharing reductions since you were not eligible to receive APTC. The notice finally stated that you were not eligible for Medicaid because your household income of \$18,200.00 was over the allowable limit for that program. This determination was effective July 1, 2015. You appealed this determination.

On July 23, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for September 8, 2015 at 9:00 a.m.

At 9:01 a.m. on September 8, 2015, a Hearing Officer placed a call to the phone number you provided to the Marketplace. You answered the call but indicated that you were in North Carolina and no longer wanted to proceed with the appeal. You unilaterally terminated the call before the Hearing Officer could place you under oath to formally withdraw your appeal.

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

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).

## **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

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## **Legal Authority**

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 of Dismissal Has Been Provided To:**



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