



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

## NOTICE OF DISMISSAL

Notice Date: February 10, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004937

[REDACTED]

Dear [REDACTED],

On June 29, 2015, the Marketplace issued a notice of eligibility determination. You appealed this determination.

On January 11, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 8, 2016, at 10:00 a.m.

A Hearing Officer called you at 10:00 a.m. on February 8, 2016. Although you answered the call, you stated that your spouse had previously contacted the Marketplace seeking to cancel the appeal since it was no longer necessary. The Hearing Officer explained that in order to accept a withdrawal of your appeal, you would need to provide sworn testimony. You stated that you were about to depart on a flight and did not have time for the hearing, but otherwise did not want to be sworn in and did not want to continue with the appeal.

Since your hearing did not go forward 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 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).

## **If You Think Your Appeal Should Not Be Dismissed**

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us, in writing, within 30 days after the date on this notice. In that writing, you must explain why your hearing did not go forward 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 both the Appeal Identification number and the NY State of Health number at the top of this notice.

## **How to Contact the Marketplace**

You can contact the Marketplace 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 45 Code of Federal Regulations § 155.530.

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



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