



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: February 26, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004977

[REDACTED]

Dear [REDACTED],

On October 21, 2015, the Marketplace received your updated application for financial assistance.

On October 21, 2015, a preliminary eligibility determination was made finding you eligible to receive advance premium tax credits in the amount of \$160.00 per month with a start date of 12/1/2015.

You then contacted the Marketplace's Account Review Unit to appeal that eligibility determination as you wanted to be found eligible for Medicaid.

On December 3, 2015, you indicated that you wished to withdraw your appeal. You were advised that you had to send in a written withdrawal within 15 days or the hearing would be scheduled.

A notice of telephone hearing was issued on January 13, 2016, for a scheduled hearing on February 12, 2016, at 10:00 am. The notice of hearing stated that you would be called at the number you provided the Marketplace.

On February 12, 2016, at 10:00 am a Hearing Officer from the NY State of Health Appeals Unit with the aid of Spanish Interpreter [REDACTED], placed a call to the telephone number that you have provided to the Marketplace. An individual picked up that call and identified themselves as your cousin. They further stated that you were not available and that you were at a Physician's Appointment. The individual did not give another contact number to reach you at.

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).

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.

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A Copy of this Decision Has Been Provided To:

