



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

## NOTICE OF DISMISSAL

Notice Date: January 19, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005089

[REDACTED]

Dear [REDACTED],

On October 2, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible to receive up to \$213.00 per month in advance premium tax credits and cost-sharing reductions, effective November 1, 2015. You appealed this determination.

On December 9, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for January 14, 2016, at 2:00p.m. This notice was also sent to your Authorized Representative, [REDACTED].

Between 2:00p.m. and 2:30p.m. on January 14, 2016 the Hearing Officer placed three calls to your Authorized Representative at the phone number he provided to the Marketplace. The Hearing Officer left three voicemails but was unable to reach him.

At 2:30p.m., the Hearing Officer contacted you at the phone number you provided to the Marketplace. Spanish Interpreter # [REDACTED] was conferenced into the phone call to assist. You stated that you were currently in Miami and that you were not available for a hearing. The Hearing Officer explained to you that the hearing was conducted over the phone and gave you the option to either go forward with the hearing as scheduled without your Authorized Representative or reschedule the hearing within the next month so that you would have time to contact your Authorized Representative. You declined both options and stated

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that you would contact your Authorized Representative in April when you returned from Miami. The Hearing Officer explained that they could not adjourn a hearing for that amount of time and if you did not want to reschedule within the next month or go forward as planned, your appeal would be dismissed. You agreed to your appeal being dismissed because you did not want contact your Authorized Representative until you returned to New York in April.

Since you did not cooperate in the conduct of 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, you must explain why you did not cooperate with 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 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

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- 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 (b).

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

[REDACTED]

[REDACTED]

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