



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: January 26, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005177

[REDACTED]

Dear [REDACTED],

On February 16, 2015 the Marketplace received your updated application for financial assistance with your health insurance.

That same day an eligibility determination was made finding you and your spouse newly eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$252.00 per month effective April 1, 2015.

You then contacted the Marketplace's account review unit on November 14, 2015 and appealed the level of financial assistance you were deemed eligible to receive.

A notice of telephone hearing was issued on December 14, 2015 for a scheduled hearing on January 20, 2016 at 2:00 pm. The hearing notice stated that you would be called at the number you provided the Marketplace.

On January 20, 2016, between 2:00 pm and 2:30 pm a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. Each time the Hearing Officer called you they left a message as to the nature of the call.

Since you did not appear 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: 1-877-662-4886).

## **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

## **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:**

