



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005382

[REDACTED]

Dear [REDACTED],

On May 5, 2015, the Marketplace issued a notice of eligibility determination stating that you were newly eligible to receive advance payments of the premium tax credit (APTC) and newly eligible to receive cost-sharing reductions (CSR), effective June 1, 2015. You appealed not previously being eligible for APTC and CSR as of January 1, 2015 through May 31, 2015.

On January 20, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 16, 2016 at 1:00 p.m.

On February 16, 2016, a Hearing Officer placed three calls to the telephone number that you provided to the Marketplace and a woman answered at 1:30 p.m. and identified herself as your mother. She stated you were not available and could not be reached at an alternate telephone number because you were working. The Hearing Officer adjourned your hearing to a later date so as to afford you another opportunity to appear at a scheduled hearing.

On February 19, 2016, the Marketplace issued another Notice of Hearing to advise you that the adjourned hearing was scheduled for March 15, 2016 at 9:00 a.m.

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).

On March 15, 2016, a Hearing Officer called the telephone number you had provide to the Marketplace at 9:00 a.m. and, again, a woman answered and identified herself as your mother. She again stated that you were not available and could not be reached at an alternate telephone number because you were working. As such, the Hearing Officer was unable to reach you.

Further, the Hearing Officer did not have proper authorization from you to conduct the hearing with your mother as your authorized representative because there was no executed authorized representative designation form designating her to act on your behalf and no form of identification for her in your Marketplace account.

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, you must 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 both the Appeal Identification Number and the NY State of Health Account ID at the top of this notice.

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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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