



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: AP000000005617

[REDACTED]

Dear [REDACTED],

On December 15, 2015 the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible to receive up to \$43.00 per month in advance premium tax credits and your daughter was eligible to enroll in Child Plus with a \$15.00 per month premium, effective January 1, 2016. You appealed this determination.

On February 4, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 1, 2016, at 9:00a.m.

On March 1, 2016 at 9:15a.m., A Hearing Officer placed a call to the telephone number you provided to the Marketplace. You answered and requested that your hearing be adjourned. You were placed under oath and the hearing was adjourned to March 11, 2016 at 1:00pm. While under oath, you stated that you understood that if you did not answer the phone at that time, your appeal would be dismissed.

On March 11, 2016, a Hearing Officer placed three calls to the telephone number that you provided to the Marketplace, at 1:00p.m., 1:15p.m., and 1:30p.m., but was unable to reach you.

Since you did not appear for your adjourned 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: 1-877-622-4886).

## **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, 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 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

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).

**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:**



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