



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 8, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005668

[REDACTED]

Dear [REDACTED],

On December 24, 2015, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible to receive advance payments of premium tax credits, effective February 1, 2016. You appealed this determination.

You were subsequently redetermined eligible for Medicaid as of February 1, 2016, had health insurance under Medicaid Fee-For-Service from February 1, 2016 to February 29, 2016, and were enrolled in a Medicaid Managed Care plan as of March 1, 2016.

On February 9, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 2, 2016, at 2:00 p.m.

On March 2, 2016, a Hearing Officer contacted you at the telephone number that you provided to the Marketplace, at 2:10 p.m. You stated that you could not go forward with the hearing because you were working and using your cellular telephone on your job was dangerous, and that you had previously contacted the Marketplace to cancel your appeal. Since you were not sworn in and were unable to participate, your scheduled hearing could not be conducted. This constitutes a failure to appear.

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: 1-877-622-4886).

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 Account ID 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

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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