



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005966

[REDACTED]

Dear [REDACTED],

On December 28, 2015, the Marketplace issued a notice of eligibility determination, stating that you were newly eligible to receive up to \$237.00 per month in advance payments of the premium tax credit and cost-sharing reductions, effective February 1, 2016. You appealed this determination.

On March 16, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 13, 2016, at 1:00p.m.

On April 13, 2016, a Hearing Officer attempted to call you at the telephone number that you provided to the Marketplace at 1:00 p.m. and 1:15 p.m. but the phone number you provided, [REDACTED], was not in service and there were no alternate phone numbers listed on your account. Please contact the Marketplace immediately and update your 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 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).

## **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 provide a working phone number that the Hearing Officer can use to contact you for a hearing.

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.

If your request to vacate this dismissal is granted and your phone still is not working by the time of the rescheduled hearing, no further hearings will be scheduled with regard to this 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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