



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001151

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED]

On December 3, 2013, you applied for health insurance through the Marketplace. The Marketplace prepared a preliminary determination that same day, which found that you were eligible to enroll in a qualified health plan through the Marketplace. You enrolled in a plan effective January 1, 2014.

On November 16, 2014, the Marketplace issued an eligibility determination notice in your case. The notice said that it redetermined your eligibility on November 15, 2014, and that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. You were also not eligible to enroll in a qualified health plan at full cost through the Marketplace because you had not provided citizenship status documentation.

On November 17, 2014, the Marketplace sent you a notice stating that your coverage in the plan would end effective November 30, 2014.

On December 6, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On December 11, 2014, the Marketplace issued an eligibility redetermination notice stating you were conditionally eligible to purchase a qualified health plan, but that additional documentation regarding your citizenship status was required to confirm your eligibility.

On December 11, 2014 the Marketplace issued a notice confirming your enrollment in a health plan.

Also on December 11, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for December 29, 2014 at 1:00 p.m.

At around 1:00 p.m. on December 29, 2014, a Hearing Officer called the telephone number that you gave the Marketplace. However, the number that you provided the Marketplace, [REDACTED], connected the Hearing Officer to a person who told the Hearing Officer it was the wrong phone number for you. The Hearing Officer made diligent attempts to confirm that the [REDACTED] phone number was correct. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 11, 2014 eligibility determination continues in effect. You remain conditionally eligible to purchase a qualified health plan through the Marketplace.

However, if you provide the Marketplace with a different phone number where you can be reached within 30 days of the date of this notice, another hearing shall be scheduled for your appeal.

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. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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 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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

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