



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001189

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

Dear [REDACTED],

On July 3, 2014, the Marketplace sent you a letter requesting additional information regarding your citizenship status to avoid losing help. That same day, the Marketplace sent you a letter confirming your health plan selection through New York State of Health and you premium responsibility.

On November 16, 2014, the Marketplace sent you notice that it had redetermined your household's eligibility and found that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and you cannot enroll in a qualified health plan at full cost through the Marketplace. The reason for this redetermination is that you did not provide the information on your citizenship status to confirm your eligibility for health coverage through the Marketplace.

On November 17, 2014, the Marketplace sent you a notice telling you that your 2014 health insurance through Empire Gold Guided Access will end effective November 30, 2014.

On December 15, 2014, you appealed your disenrollment from your 2014 health plan through the New York State of Health.

On December 15, 2014, you uploaded a copy of your United States passport.

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).

The Marketplace scheduled a telephone hearing based on your appeal request and on December 23, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 1:00 p.m. on January 12, 2015.

Between 1:00 p.m. and 1:35 p.m. on January 12, 2015, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

You remain disenrolled from your 2014 health plan, effective November 30, 2014 to December 31, 2014.

This dismissal does not affect your eligibility for 2015.

### **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.

## **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.

**A Copy of this Notice of Dismissal Has Been Provided To**

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