



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 13, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001190

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

Dear [REDACTED],

On July 7, 2014, you applied for health insurance through the Marketplace for yourself and your spouse.

On July 8, 2014, the Marketplace issued an eligibility determination in your case. It said that you were temporarily eligible to receive up to \$520.00 per month of advance premium tax credit but you needed to provide proof of your citizenship status to the Marketplace.

On July 29, 2014, you faxed a copy of the front of your Permanent Resident card to the Marketplace; however, your proof was invalidated on August 15, 2014.

On November 7, 2014, the Marketplace issued a notice to renew your NY State of Health coverage for the upcoming year. It said that the Marketplace was unable to make a decision about whether you qualify for financial help regarding your health coverage because there was not enough information from state and federal data sources to make that determination.

On November 17, 2014, the Marketplace issued a disenrollment notice for you and your spouse. It said that you were not eligible to enroll in health insurance coverage through NY State of Health.

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).

On December 5, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you were conditionally eligible to receive up to \$562.00 per month of advance premium tax credit but you needed to provide proof of your citizenship status to the Marketplace.

On, or around, December 15, 2014, you spoke with the Marketplace's Account Review Unit to request an appeal.

On December 23, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you were eligible to receive up to \$560.00 per month of advance premium tax credit to help pay for the cost of health coverage effective January 1, 2015.

The Marketplace scheduled a telephone hearing on your appeal request and, on December 20, 2014, sent you a notice to tell you that a Hearing Officer would call you at 2:00 p.m. on January 6, 2015.

Between 2:00 p.m. and 2:45 p.m. on January 6, 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 My Eligibility?**

The Marketplace's December 23, 2014 eligibility redetermination continues in effect. You remain eligible to enroll in a qualified health plan through the Marketplace and receive up to \$560.00 of advance premium tax credit per month.

### **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.

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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 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.

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

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

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