



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001194

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 19, 2013, the Marketplace received your initial application for health insurance for yourself and your spouse, [REDACTED].

On December 14, 2013, the Marketplace issued an eligibility determination in your case. It said that you were temporarily eligible to enroll in a qualified health plan through the Marketplace and receive up to \$360.00 in advance premium tax credit to help pay for your insurance. It also said that more information was required to make a final determination on your application, but it did not indicate what kind of information was requested.

On that same day, the Marketplace also issued an eligibility determination for you and your spouse. It said that your spouse was eligible to enroll in a qualified health plan through the Marketplace. It also said that you and your spouse were eligible to receive up to \$360.00 per month in advance premium tax credit to help pay for the cost of your insurance.

On November 17, 2014, the Marketplace issued a disenrollment notice for you and your spouse. It said that you were no longer eligible to enroll in health insurance through New York State of Health and your spouse was no longer eligible to remain enrolled in her current health plan effective November 30, 2014.

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, or around, December 16, 2014, you spoke with the Marketplace's Account Review Unit and requested an appeal of the November 17, 2014 disenrollment notice.

On December 16, 2014, the Marketplace received a copy of your Certificate of Naturalization and a copy of your U.S. Passport.

On December 18, 2014, your proof of citizenship document was verified.

On December 19, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you and your spouse may be eligible for health insurance through New York State of Health but you must submit income documentation for your household to confirm that the information you provided in your application was accurate.

The Marketplace scheduled a telephone hearing on your appeal request and, on December 24, 2014, sent you a notice to tell you that a Hearing Officer would call you at 9:00 a.m. on January 12, 2015.

On January 3, 2015, the Marketplace issued an eligibility redetermination in your case. It said that you and your spouse may be eligible for health insurance through New York State of Health but you must submit income documentation for your household to confirm that the information you provided in your application was accurate.

Between 9:00 a.m. and 9:30 a.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 My Eligibility?

The Marketplace's November 17, 2014 disenrollment notice terminating health insurance coverage for yourself and your spouse effective November 30, 2014 remains unchanged.

The Marketplace's subsequent eligibility redetermination issued on January 3, 2015 continues in effect.

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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, 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]

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