



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: AP000000001199

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

Dear Ms. [REDACTED]

On November 4, 2014, your eligibility for health insurance through the Marketplace was reconsidered.

On November 5, 2014, the Marketplace issued a notice in your case, stating that because you had not provided citizenship status documentation, you were no longer 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.

On December 16, 2014, you spoke with the Marketplace's Account Review Unit and appealed that determination.

On December 18, 2014, the Marketplace issued an eligibility determination notice that stated you were conditionally eligible to purchase a qualified health plan at full cost; however, additional documentation to confirm your citizenship status was required to confirm your eligibility.

On December 19, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for January 6, 2015 at 10:00 a.m.

Between 10:00 a.m. and 10:45 a.m. on January 6, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed

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).

three calls to that telephone number 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?**

The Marketplace's December 18, 2014 eligibility determination continues in effect. You remain conditionally eligible to purchase a qualified health plan through the Marketplace.

### **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

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## **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]  
[REDACTED]

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