



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001797

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 18, 2014, you submitted several applications to the Marketplace. In each application, you identified that you were an Immigrant Non-Citizen and had been issued an I-766 Employment Authorization Card. You also attested in each application to an expected yearly income of \$0.00.

In response to these applications, the Marketplace prepared preliminary determinations that same day regarding your December 18, 2014 applications. In each case, the Marketplace said you were not eligible for financial assistance.

On December 19, 2014, the Marketplace issued a notice of eligibility determination confirming the findings under each of the December 18, 2014 preliminary determinations. It stated that you were conditionally eligible to enroll in a qualified health plan (QHP) at full cost beginning January 1, 2015, pending the Marketplace's receipt of documentation proving your immigration status no later than March 20, 2015. The notice further stated that you were not eligible for tax credits, cost-sharing reductions, or Medicaid.

On February 17, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 19, 2014 eligibility determination. At this time you also requested aid to continue.

On February 25, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 17, 2015 at 10:00 a.m.

On March 17, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 10:10 a.m. and 10:33 a.m. The Hearing Officer also attempted to contact you at an alternate number you provided at 10:35 a.m. In each instance, we were unable able to reach you.

Accordingly, we are dismissing your appeal.

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

The Marketplace's eligibility determination issued on December 18, 2014 remains in effect.

### **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]

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