



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001955

[REDACTED]

Dear [REDACTED],

On March 2, 2015, the Marketplace received your household's application for health insurance.

That same day, the Marketplace issued an eligibility determination notice finding you conditionally eligible to purchase a qualified health plan at full cost effective April 1, 2015. The notice further requested that you provide documentation confirming your immigration status by May 31, 2015.

On March 5, 2015, you spoke to the Marketplace's Account Review Unit and appealed the level of advance premium tax credits and cost sharing reductions you were found eligible to receive.

On March 10, 2015, a hearing was scheduled for April 1, 2015 at 11:00 am.

On March 30, 2015, you contacted the NY State of Health appeals unit and asked to adjourn your hearing because you were not going to be available on the date and time you were originally scheduled for. You asked that you be given the opportunity to call in to the Marketplace once you had returned from your trip to schedule a new date and time for your hearing. You were then referred to the Marketplace customer service line so that you could call in at your convenience to reschedule your appeal.

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 July 19, 2015, the Marketplace issued a disenrollment notice which ended your coverage effective July 31, 2015.

On September 29, 2015, a new notice of telephone hearing was issued for a telephone hearing on October 19, 2015 at 10:00 am.

On October 19, 2015, between 10:00 am and 10:30 am, a Hearing Officer from the Marketplace's Appeals Unit, with the aid of Hindi interpreter number [REDACTED] and [REDACTED] placed three calls to the telephone number that you have provided to 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 Appeals Unit of NY State of Health will not review your appeal at this time.

### **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.

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## **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 Code of Federal Regulations 45 CFR § 155.530.

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



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