



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: AP000000002592

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 15, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were not eligible for Medicaid or to receive tax credits or cost sharing reductions, because you had not provided information regarding your immigration status. The notice also stated that you could not enroll in a qualified health plan at full cost through NY State of Health.

On April 24, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it discontinued your eligibility to remain enrolled in a qualified health plan, for advance premium tax credits, and for cost-sharing reductions.

On April 25, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were not eligible to receive help to pay for health coverage or to enroll in a qualified health plan at full cost through New York State of Health because the Marketplace had been unable to verify your citizenship or immigration status.

On May 15, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 10, 2015 at 2:00 p.m.

Between 2:00 p.m. and 2:30 p.m. on June 10, 2015, a Hearing Officer placed three calls to the telephone number that you have the Marketplace, but was unable to reach you.

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).

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The April 25, 2015 eligibility determination 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, 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

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).

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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