



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: December 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003703

[REDACTED]

Dear [REDACTED],

On January 26, 2015, the Marketplace received your application for financial assistance with your health insurance.

On January 27, 2015, an eligibility determination was made finding you newly eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$498.00 per month. The notice further found your spouse conditionally eligible to receive advance premium tax credits and cost sharing reductions effective March 1, 2015. However, you were asked to provide documentation confirming her citizenship status by April 28, 2015.

A disenrollment notice was issued on May 4, 2015 terminating your spouse's health coverage under her silver level health plan effective May 31, 2015.

You then contacted the Marketplace's account review unit on June 29, 2015 and appealed the disenrollment of your spouse from her health plan.

A notice of telephone hearing was issued on September 9, 2015 for a scheduled hearing on October 8, 2015 at 2:00 pm.

On October 8, 2015, at 2:30 pm you appeared before a Hearing Officer from the NY State of Health Appeals Unit. You stated that you were not prepared to go forward with your hearing at that time. You were granted an adjournment of your hearing to be rescheduled through the Marketplace at a later date and time.

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).

On November 11, 2015, a notice of telephone hearing was issued for a scheduled hearing on December 22, 2015 at 1:00 pm. The hearing notice stated that you would be called at the number you provided the Marketplace.

On December 22, 2015, between 1:00 and 1:30 pm, a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. The Hearing Officer left a message twice on your personal voicemail.

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.

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

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- 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.

A Copy of this Decision Has Been Provided To:

