



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: AP000000003942

[REDACTED]

Dear [REDACTED],

On March 10, 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 June 8, 2015.

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

On July 20, 2015, you spoke to the Marketplace's Account Review Unit and appealed the decision the disenrollment from your health plan because believed you had faxed your citizenship documentation to the Marketplace sometime in April and no one informed you that it was not received.

On September 3, 2015, a notice of telephone hearing was issued for a telephone hearing on October 8, 2015 at 3:00 pm.

On September 28, 2015, the Marketplace received and verified your documentation in the form of a valid proof of citizenship by way of your passport.

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 October 8, 2015, between 3:00 pm and 3:30 pm, a Hearing Officer from the Marketplace's Appeals Unit 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.

### **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

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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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