



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: AP000000004031

[REDACTED]

Dear [REDACTED],

On June 25, 2015, the Marketplace received your household's application for health insurance.

On June 26, 2015, the Marketplace issued an eligibility determination notice finding you conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of 312.00 per month effective August 1, 2015. You needed to confirm your selection for your health plan as you qualified for a special enrollment period to enroll outside of open enrollment, but that you must do so by June 30, 2015. The notice further requested that you provide documentation confirming your immigration status by September 23, 2015.

You applied again through the marketplace on July 16, 2015. That same day the Marketplace found you conditionally eligible for advance premium tax credits and cost sharing reductions, but found that you were ineligible to enroll in a plan outside of open enrollment. The eligibility was effective September 1, 2015. The notice again stated you needed to provide immigration status documentation before October 14, 2015.

On July 25, 2015, you spoke to the Marketplace's Account Review Unit and appealed the July 16, 2015 eligibility determination insofar as it denied you the ability to enroll in a plan outside of open enrollment.

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 August 7, 2015, the Marketplace received a file that it is unable to open because it is either not a supported file type or because the file was damaged, Document number [REDACTED].

On September 9, 2015, a notice of telephone hearing was issued for a telephone hearing on October 8, 2015 at 10:00 am.

On October 8, 2015, between 10:00 am and 10:30 am, 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.

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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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