



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004293

[REDACTED]

Dear [REDACTED],

On July 19, 2015 the Marketplace issued an eligibility determination notice that your spouse is not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through the Marketplace. The notice states that your spouse did not provide information regarding their citizenship status to confirm their eligibility.

On the same day the Marketplace issued a disenrollment notice that your spouse's insurance with New York State of health is terminated and coverage will end effective July 31, 2015.

On August 24, 2015 an "Authorized Representative Identity Verification Form" was faxed to the Marketplace. The form designated your spouse as authorized representative for the scheduled hearing.

On October 19, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 5, 2015 at 10:00 am.

Between 10:00 am. and 10:30 am on November 5, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact you using the telephone numbers on the Notice of Telephone Hearing and Authorized Representative Identity Verification Form, 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 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  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Legal Authority**

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).

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:**

[REDACTED]

[REDACTED]

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