



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004426

[REDACTED]

Dear [REDACTED],

On March 6, 2015, the Marketplace received your application for financial assistance.

That same day an eligibility determination was rendered finding you and your spouse conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$84.00 per month effective April 1, 2015. You were directed to provide verification documents in order to verify your Citizenship Status by June 4, 2015.

Additionally on March 6, 2015 you enrolled in a platinum level health plan which if you paid your first month's premium could start as early as January 1, 2015.

On July 19, 2015, the Marketplace issued an eligibility redetermination notice based on a July 17 determination finding you no longer eligible for coverage through the NY State of Health. The reason stated within the determination was that you did not provide the requested documentation that could verify your citizenship status within the required time frame. Your eligibility would then be ended effective July 31, 2015.

A disenrollment notice was subsequently issued on July 19, 2015 disenrolling you and your spouse from your platinum level health plan effective July 31, 2015.

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 21, 2015, you contacted the Marketplace's Account Review and appealed the July 17, 2015, eligibility determination and subsequent disenrollment from your health insurance.

On October 27, 2015, a notice of telephone hearing was issued for a telephone hearing on November 17, 2015, at 3:00 pm. The hearing notice stated that you would be called at the number you provided the Marketplace.

On November 17, 2015, between 3:00 pm and 3:30 pm a Hearing Officer from the NY State of Health Appeals Unit contacted you. You identified yourself and stated that you no longer wished to go forward with the appeal. You stated that you already had health coverage that you were satisfied with. You refused to be identified for the record or be placed under oath in order to withdraw your appeal. You then ended the call with the Hearing Officer.

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

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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

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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