



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

NOTICE OF DISMISSAL

Notice Date: December 29, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004791

[REDACTED]

Dear [REDACTED],

On July 19, 2015, the Marketplace issued an eligibility determination notice stating that you were no longer eligible for advance premium tax credits or cost-sharing reductions and you could not enroll in a qualified health plan at full cost because you did not provide documentation to prove your citizenship within the requested timeframe. Your eligibility ended July 31, 2015. You appealed this determination.

On November 10, 2015, the Marketplace issued a Notice of Hearing to advise you that a telephone hearing was scheduled for December 16, 2015 at 3:00p.m.

At 3:00p.m on December 16, 2015, a Hearing Officer placed a call to the telephone number that was listed on the Notice of Hearing. You answered the call and stated that you did not receive any notice of a hearing. You then asked if you could cancel your hearing and start over again. The Hearing Officer explained that open enrollment for January 1, 2016 coverage ends on December 19, 2015. The Hearing Officer asked if she could place you under oath to obtain a formal withdrawal. You then terminated the phone call.

To formally withdrawal or cancel your appeal you would need to be placed under oath and under sworn testimony request to withdraw.

Since you did not allow yourself to be sworn in and did not cooperate with the hearing as scheduled, we are dismissing your appeal.

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).

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 cooperate with the hearing officer.

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

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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