



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: January 19, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004940



Dear [REDACTED],

On January 3, 2015, an eligibility determination was issued finding you and the members of your household eligible to purchase a qualified health plan at full cost through the NY State of Health effective January 1, 2015. The determination further found your daughter conditionally eligible to purchase a qualified health plan at full cost effective January 1, 2015. Your child's eligibility was based on the condition that you provide documentation confirming her citizenship status by March 21, 2015.

On May 2, 2015, your child's eligibility for enrollment was redetermined. That determination found her no longer eligible to remain enrolled in her current qualified health plan. This was due to the Marketplace not receiving the documentation requested confirming her citizenship status. Her eligibility would therefore end effective May 31, 2015.

On May 4, 2015, a disenrollment notice was issued terminating your daughter's coverage in her qualified health plan effective May 31, 2015.

You then contacted the Marketplace on October 16, 2015 to request an appeal of your daughter's disenrollment from her qualified health plan for failure to provide the requested citizenship documentation.

A notice of telephone hearing was issued on November 30, 2015 for a scheduled hearing on January 7, 2016 at 10:00 am. The hearing notice stated you would be called at the telephone number you provided the Marketplace.

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: 1-877-662-4886).

On January 7, 2016, between 10:00 am and 10:30 am a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. The Hearing Officer left voicemails regarding the nature of the call.

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

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: 1-877-662-4886).

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 Decision Has Been Provided To:

