



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: March, 02 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005585

[REDACTED]

Dear [REDACTED],

On October 14, 2015, the Marketplace issued an eligibility redetermination notice stating that you did not provide the requested documentation confirming your child's Citizenship and Social Security number in order to enroll in health coverage through the NY State of Health. Your child's eligibility would end effective October 31, 2015.

You then contacted the Marketplace's Account Review Unit to appeal that eligibility determination as you wanted to be found eligible for financial assistance.

A notice of telephone hearing was issued on February 3, 2016, for a scheduled hearing on February 26, 2016, at 2:00 p.m. The notice of hearing stated that you would be called at the number you provided the Marketplace.

On February 26, 2016, at 2:00 p.m. 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. There was no answer after all three calls were placed. The Hearing Officer left voicemails as to the nature of the call.

Since you did not appear for your 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: 1-877-662-4886).

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 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.

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).

A Copy of this Decision Has Been Provided To:

