



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000667

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 11, 2014, the Marketplace prepared a preliminary determination on your January 11, 2014 application for health insurance on behalf of your daughter.

The preliminary determination stated that you were not eligible to receive help paying for your daughter's health care coverage. However, you could purchase a Child Health Plus plan or a child-only qualified health plan through the Marketplace at full cost. The determination is set out in a notice dated July 19, 2014.

On May 21, 2014 you contacted the Marketplace. You stated that when you first enrolled your daughter into the UnitedHealthcare Community Plan you were quoted a premium of \$186.55, but the plan was somehow canceled. When your daughter was reenrolled in that same plan, you were charged a premium of \$190.84. That same day you requested an appeal based on this premium increase.

On June 2, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 25, 2014 at 1:00 pm.

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 June 25, 2014, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three separate occasions between 1:00 pm and 1:45 pm. We could not reach you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The July 19, 2014 eligibility determination continues in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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