



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001114

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

The Marketplace received your initial application on October 23, 2014. The Marketplace prepared a preliminary eligibility determination stating that you are eligible for Medicaid. However, in order for your eligibility to be finalized you must submit documents to confirm that the information you provided in your application is accurate.

On November 12, 2014, you reapplied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating that [REDACTED] and [REDACTED] are eligible for up to \$536.00 monthly of advance premium tax credit and cost-sharing reductions. However, in order for your eligibility to be finalized, you must submit documents to confirm that the information in your application is accurate.

On November 13, 2014, the Marketplace issued a cancellation notice. The notice stated that your Health Plus, an Amerigroup Company health plan would be cancelled as of December 1, 2014.

On November 19, 2014, the Marketplace received a letter from you requesting the Marketplace not to cancel your health insurance plan.

On November 24, 2014, you spoke to the Marketplace Account Review Unit and requested an 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).

On November 28, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing requested was scheduled for December 15, 2014, at 9:00 am.

On December 4, 2014, you contacted the Marketplace Account Review Unit to reschedule your appeal for January 16, 2015.

On December 11, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing requested was scheduled for January 16, 2014, at 9:00 am.

On January 16, 2015, an impartial hearing officer attempted to contact you three times at the telephone number provided between 9:00 am and 10:00 am. There was no answer.

Accordingly, we are dismissing your case.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's November 12, 2014, preliminary eligibility determination continues in effect.

However, this Dismissal will not affect Marketplace determinations made after November 12, 2014.

### **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.

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).

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference 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 Federal regulation 45 CFR § 155.530.

**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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).