



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: January 27, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001132

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 6, 2014, the Marketplace ran your eligibility for health insurance coverage for the 2015 year.

On that same day, the Marketplace prepared a preliminary determination in your case. It said that you qualified for health coverage under Medicaid based on information from state and federal data sources.

On November 7, 2014, the Marketplace issued a notice requesting that you renew your NY State of Health coverage for the upcoming year. It said that you could not enroll in your current health plan for coverage in 2015 because you now qualified for Medicaid.

On November 24, 2014, the Marketplace received your written request to appeal the preliminary determination found in the November 7, 2014 renewal notice. You also provided supporting documents, which included a copy of your current Empire BlueCross BlueShield health insurance card and a copy of your current New York State Department of Health Uninsured Care Programs health insurance card.

On December 5, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$96.00 of advance premium tax credit per month effective January 1, 2015.

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).

The Marketplace scheduled a telephone hearing on your appeal request and, on December 5, 2014, sent you a notice to tell you that a Hearing Officer would call you at 1:00 p.m. on December 22, 2014.

Between 1:00 p.m. and 1:30 p.m. on December 22, 2014, the Hearing Officer placed three calls to the telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Marketplace's December 5, 2014 eligibility redetermination continues in effect. You remain eligible to enroll in a qualified health plan through the Marketplace and receive up to \$96.00 of advance premium tax credit per month.

This decision will not affect any determination that is issued after December 5, 2014.

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.

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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.

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

[REDACTED]
[REDACTED]
[REDACTED]

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