



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001195

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 6, 2013, you initially applied for health insurance through the Marketplace for yourself, your spouse, and your three children.

On that same day, the Marketplace prepared a preliminary eligibility determination in your case. It said that you and your family were eligible to enroll in a qualified health plan through the Marketplace.

You and your family were enrolled in UnitedHealthcare Platinum HMO effective January 1, 2014.

On November 17, 2014, the Marketplace issued a disenrollment notice for your spouse, [REDACTED] terminating her coverage with UnitedHealthcare Platinum HMO effective November 30, 2014, because she was no longer eligible to enroll in health insurance through New York State of Health.

On November 24, 2014, you submitted a copy of your spouse's Certificate of Naturalization as proof of her citizenship status.

On November 26, 2014, you spouse's Certificate of Naturalization was verified and your family's eligibility was redetermined on the same day.

On November 27, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you, your spouse, and your three children were eligible to

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purchase a qualified health plan at full cost through New York State of Health effective January 1, 2015.

On, or around, December 16, 2014, you spoke with the Marketplace's Account Review Unit to request an appeal of your spouse's disenrollment.

The Marketplace scheduled a telephone hearing on your appeal request and, on December 23, 2014, sent you a notice to tell you that a Hearing Officer would call you at 1:00 p.m. on January 9, 2015.

Between 1:00 p.m. and 1:30 p.m. on January 9, 2015, 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 November 27, 2014 eligibility redetermination continues in effect.

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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