



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001319

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 22, 2014, the Marketplace issued a notice that stated your household's eligibility was redetermined on December 21, 2014, and that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions. It further stated that you cannot enroll in a qualified health plan at full cost through the Marketplace. The reason given was you did not respond to the renewal notices, dated November 6, 2014 and November 20, 2014, and did not complete your renewal application for 2015 health insurance coverage within the required timeframe.

On December 27, 2014, the Marketplace issued a disenrollment notice that your 2014 health insurance coverage with EmblemHealth through New York State of Health will end effective December 31, 2014.

On December 31, 2014, you appealed the Marketplace's December 22, 2014 eligibility redetermination and the December 27, 2014 disenrollment from EmblemHealth.

The Marketplace scheduled a telephone hearing and sent you notice on January 15, 2015, to tell you that a Hearing Officer would call you at about 9:00 a.m. on February 4, 2015.

Between 9:00 a.m. and 9:30 a.m. on February 4, 2015, the Hearing Officer placed three calls to the primary telephone number that you gave the Marketplace and two calls to the cellular number that you provided on your Marketplace account but was unable to reach you. 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 Your Eligibility?

The Marketplace's December 22, 2014 eligibility redetermination continues in effect.

You remain disenrolled from EmblemHealth through New York State of Health as of December 31, 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. 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
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]
[REDACTED]