



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001590

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 6, 2014 and November 16, 2014, the Marketplace notified you that based on information from federal and state sources, a decision could not be made about whether you qualified for financial assistance for the 2015 plan year. The notices also requested that you update your information in your Marketplace account by December 15, 2014, so that your eligibility for financial assistance during the 2015 plan year could be determined.

On January 1, 2015, the Marketplace issued a notice of eligibility redetermination. It found that you were not eligible for Medicaid, Child Health Plus, tax credits, or cost-sharing reductions to help with the cost of insurance. You were also found ineligible to enroll in a qualified health plan at full cost through the Marketplace.

On January 9, 2015, the Marketplace notified you that you have been disenrolled from your Independent Health Association, Inc. Medicaid Managed Care (Independent Health MMC) plan, effective December 31, 2014.

On January 26, 2015, you spoke with the Marketplace's Account Review Unit and appealed your disenrollment from your Independent Health MMC plan as of December 31, 2014.

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 February 11, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 3, 2015 at 3:00 pm.

On March 3, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 3:05 pm and 3:35 pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

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

Your eligibility has not changed.

Your Medicaid coverage under your Independent Health MMC terminated effective December 31, 2014.

Please note, however, the dismissal of your appeal under this notification has no effect on any Marketplace determinations issued after January 9, 2015.

### **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.

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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 Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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