



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001591

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED] [REDACTED],

On December 19, 2014, the Marketplace issued an eligibility determination notice that stated you and your eldest son were eligible to receive up to \$344.00 per month in advance premium tax credit (APTC) and, if you enrolled in a silver level plan, cost sharing reductions. This eligibility was effective January 1, 2015.

On December 19, 2014, the Marketplace issued an enrollment confirmation notice that stated you and your eldest son were enrolled in CareConnect EPO Platinum with a premium responsibility of \$528.00. Your health coverage with CareConnect would begin as early as January 1, 2015 if you paid your first month's premium.

On December 20, 2014, the Marketplace issued a cancellation notice confirming that you and your eldest son requested the insurance coverage through CareConnect EPO Platinum be terminated.

On December 20, 2014, the Marketplace also issued a new enrollment confirmation notice that stated you and your eldest son were enrolled in CareConnect EPO Gold with a premium responsibility of \$414.00. Your health coverage with CareConnect would begin as early as January 1, 2015 if you paid your first month's premium.

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 January 26, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal because you did not want to be held responsible for your January premium payment.

On January 27, 2015, the Marketplace issued a cancellation notice confirming that you and your eldest son requested the insurance coverage through CareConnect EPO Gold be terminated. This termination was effective January 31, 2015.

On January 27, 2015, the Marketplace issued an enrollment confirmation notice that stated you and your eldest son were enrolled in Healthfirst Gold Leaf with a premium responsibility of \$427.00. Your health coverage with Healthfirst would begin as early as March 1, 2015 if you paid your first month's premium.

On February 28, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 18, 2015 at 2:00 p.m.

Between 2:00 p.m. and 2:30 p.m. on March 18, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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 Your Eligibility?

The Marketplace's January 27, 2015 enrollment confirmation notice remains in effect.

You and your eldest child are enrolled in Healthfirst Gold Leaf with a premium responsibility of \$427.00. Your coverage with Healthfirst would start as early as March 1, 2015 if you paid your first month's premium.

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.

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).

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.

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).

A Copy of this Notice 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).