



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001687

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 20, 2014, the Marketplace received your application for health insurance.

On December 21, 2014, the Marketplace issued an eligibility determination that you are eligible to receive an advance premium tax credit of up to \$267.00 per month and cost-sharing reductions effective January 1, 2015.

On December 21, 2014, the Marketplace also issued a notice confirming your enrollment with Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25. It further stated that your coverage could start as early as January 1, 2015, if you pay your first month's premium.

On February 1, 2015, the Marketplace issued a notice cancelling your insurance with Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25 effective January 1, 2015 because "a premium payment has not been received" by the plan.

On February 4, 2015, you requested an appeal regarding the February 1, 2014 notice terminating your coverage with Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25 effective January 1, 2015 due to non-payment of the premium.

On February 5, 2015, the Marketplace issued a notice confirming your enrollment with Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25. It stated that your

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coverage could start as early as March 1, 2015, if you pay your first month's premium.

On February 20, 2015, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for March 6, 2015 at 9:00 a.m.

At around 9:00 a.m. on March 6, 2015, a Hearing Officer from the Marketplace's Appeals Unit called the telephone number that you gave the Marketplace. You answered the phone and stated that you did not understand why a hearing was scheduled because you were told by a Marketplace representative that your appeal request was denied. You testified that you are currently enrolled in the plan and have received your health insurance cards. You further stated that you did not wish to continue your appeal on the basis of prior conversations with Marketplace representatives that your request to backdate your health insurance coverage to January 1, 2015 was not approved. The Hearing Officer asked if you had a few minutes to be sworn in under oath in order for the Hearing Officer to obtain a proper withdrawal over the telephone. The Hearing Officer was able to swear you in but, before the Hearing Officer obtained your verbal withdrawal on the record, you stated that you did not have time right now and the phone call was terminated.

Since you were sworn in but did not complete the verbal withdrawal of your appeal request on the record, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The February 5, 2015 enrollment confirmation continues in effect. Your enrollment in Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25 remains effective March 1, 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.

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.

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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.

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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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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