



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001952

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 14, 2015, the Marketplace issued a notice of eligibility redetermination based on your updated application. The notice said that you are eligible to receive advance premium tax credits of up to \$321.00 monthly and, if you select a silver-level qualified health plan (QHP), for cost-sharing reductions, effective March 1, 2015.

On February 14, 2015, the Marketplace issued a letter confirming your enrollment in a silver-level QHP and your monthly premium responsibility of \$77.82. The letter also stated that coverage could begin as early as February 1, 2015, if you paid your first month's premium.

On February 18, 2015, the Marketplace issued a cancellation notice informing you that coverage in your silver-level QHP was cancelled effective February 1, 2015, due to you not paying your premium responsibility within the required timeframe. That notice also informed you that if you had made your premium payment within the required timeframe, to please contact your plan directly at 1-855-809-4073.

On March 5, 2015, you appealed the February 18, 2015 cancellation notice insofar as you contend that you mailed your premium payment on time but the health plan processed it late.

The Marketplace scheduled a telephone hearing and sent you notice on March 10, 2015, telling you that a Hearing Officer would call you on April 1, 2015 at about 1:00 p.m.

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).

Between 1:00 p.m. and 1:06 p.m. on April 1, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace. On the third attempt to contact you at 1:06 p.m., you answered the telephone and asked that you be called back in half an hour as you were on the train and would likely lose service.

The Hearing Officer agreed and attempted to contact you at that same number at 1:34 p.m. and 1:39 p.m. but was only able to leave messages each time and was not able 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 February 14, 2015 eligibility redetermination continues in effect.

The February 18, 2015 cancellation notice remains in effect.

If, however, you made your premium payment on time, please contact your plan directly at 1-855-809-4073.

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.

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 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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]