



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001988

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 5, 2015, the Marketplace issued a disenrollment notice confirming your March 4, 2015 request to cancel coverage under your plan, SilverPlus-S1, ST, INN, Dep25, Pediatric Dental. This notice further stated that your coverage under this plan would end effective March 31, 2015.

On March 10, 2015, you spoke with the Marketplace's Account Review Unit and appealed the March 5, 2015 disenrollment notice insofar as it indicated that your coverage would end under this plan effective March 31, 2015. You believed you should not be responsible for March's premium payment for this plan.

On March 27, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 22, 2015 at 9:00 a.m.

On April 22, 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 at 9:08 a.m. A family member answered and indicated that you were not there and would not be available for the hearing. We were unable able to reach you.

Accordingly, 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 disenrollment notice issued on March 5, 2015 remains in effect. Your coverage under your former plan was terminated effective March 31, 2015.

Your premium payment obligations for the month of March 2015, if any, remain unchanged.

The dismissal of your appeal under this notification has no effect on subsequent enrollment in the Fidelis Care Silver ST INN Pediatric Dental Dep25 plan, effective April 1, 2015, as reflected in a notice issued by the Marketplace on March 12, 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.

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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