



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002039

[REDACTED]

Dear [REDACTED],

On January 25, 2015, a disenrollment notice was issued terminating the coverage under your Silver Level Plan for your household effective December 31, 2014.

On February 2, 2015, the Marketplace received your household's application for financial assistance with your health insurance.

On February 7, 2015, the Marketplace issued an eligibility determination notice which stated that on February 5, 2015, you and your spouse were found eligible to purchase a qualified health plan at full cost through the NY State of Health effective March 1, 2015. The notice further found your two children eligible to enroll in health coverage through a full price Child Health Plus plan or Child-Only qualified health plan effective March 1, 2015.

On March 13, 2015, you contacted the Marketplace's Account Review Unit and appealed the lack of coverage you experienced for the months of January and February 2015. You stated that you were informed by a Health Republic representative in December 2014 that your qualified health plan was going to be automatically renewed. You had continued to make your monthly premium payments however you did not have active enrollment until March 1, 2015. You

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: 1-877-622-4886).

requested that your coverage be backdated in order to pay outstanding medical bills for January and February.

On October 20, 2015, a notice of telephone hearing was issued for a telephone hearing on November 6, 2015 at 2:00 pm.

On November 6, 2015, between 2:00 pm and 2:30 pm a Hearing Officer from the Marketplace's Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, 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 My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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, 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

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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 Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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