



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002097

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

According to your Marketplace account, you were automatically re-enrolled in your gold-level qualified health plan (QHP) at full cost for 2015, effective January 1, 2015.

On March 3, 2015, you spoke with a representative from the Marketplace's Customer Service Unit and you and your spouse were disenrolled from your QHP effective March 31, 2015.

On March 4, 2015, the Marketplace issued a disenrollment notice to this effect.

On March 18, 2015, the Marketplace prepared a preliminary eligibility redetermination that stated you and your spouse are eligible to purchase a QHP at full cost but do not qualify for special enrollment outside the open enrollment period.

Also on March 18, 2015, you contacted the Marketplace's Accounts Review Unit and appealed being disenrolled from your gold-level QHP effective March 31, 2015 and not being able to be reinstated in that plan or to qualify for a special enrollment period.

On March 19, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the March 18, 2015 preliminary redetermination.

On April 3, 2015 the Marketplace issued a notice of telephone hearing that stated a hearing had been scheduled for May 5, 2015 to resolve your appeal. The notice further stated that a Hearing Officer from the Marketplace's Appeals Unit would call you on May 5, 2015 at 1:00 p.m.

On May 5, 2015 at 1:00 p.m., a Hearing Officer attempted to contact you at the primary number that you gave to the Marketplace but it was not in service according to the

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automated message and no secondary telephone number had been provided. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The March 19, 2105 notice of eligibility redetermination remains in effect.

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 of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]