



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002173

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

Two accounts were created for you. The first, [REDACTED], included your domestic partner and four children.

The second, [REDACTED] 1, was for yourself alone. It was created for you, but no eligibility determination was run in that account until April 9, 2015. Shortly afterwards, the account status on this second account was changed to “inactive.” All further references in this notice are to account [REDACTED].

On July 7, 2014, the Marketplace issued a letter to confirm your enrollment in a qualified health plan and your eligibility to receive up to \$210.00 per month in advance premium tax credits. That letter stated that your health insurance coverage would begin after you paid your first month’s premium; if you paid your first month’s premium, your coverage could start as early as August 1, 2014. Coverage through Medicaid for the other members of your family was effective May 1, 2014, and their enrollment in a Medicaid managed care plan was effective July 1, 2014.

On November 6, 2014, the Marketplace sent you a renewal notice, advising you that it did not have enough information from state and federal data sources to determine if your eligibility for assistance would continue in 2015. The notice stated that you should update your account by December 15, 2014, or your assistance might end.

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).

On March 24, 2015, a Marketplace representative confirmed that you had eligibility and enrollment in [REDACTED], after longstanding billing problems, possibly attributable to the existence of two accounts.

On March 24, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal because of an unresolved issue with your health plan's effective date. You were enrolled in a plan with an original effective date of August 1, 2014; however, that effective date was then changed to July 1, 2014 through the Marketplace without explanation. Through the appeal, you were seeking to have the effective date of August 1, 2014 be finalized.

On April 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 6, 2015 at 9:00 a.m.

Between 9:00 a.m. and 9:30 a.m. on May 6, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed four calls to the telephone number that you supplied 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 Your Eligibility?**

Pursuant to the enrollment confirmation issued on July 7, 2014 your health insurance coverage through your qualified health plan should not have started any earlier than August 1, 2014. No subsequent determination issued by the Marketplace should have changed that enrollment start date to any earlier date.

### **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.

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).

## **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.

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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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).