



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 20, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002207

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 12, 2015, the Marketplace issued a renewal notice, advising you that it was time to renew your health insurance coverage for 2015. The notice stated that you and your eldest son could not be enrolled in your current health plan because you were no longer eligible for Medicaid, and that you would have to select a different health plan for coverage in 2015. It also stated you and your eldest son were eligible for advance premium tax credits (APTC) and cost-sharing reductions (CSR), effective April 1, 2015. Finally, the notice stated that if you thought that the Marketplace had made a mistake, you would have to update your account between February 16, 2015 and March 15, 2015, for the changes to be effective April 1, 2015.

Your account was not updated by March 15, 2015.

On March 18, 2015, the Marketplace issued a notice advising you that you and your eldest son had been disenrolled from your Medicaid managed care plan effective March 31, 2015.

On March 26, 2015, you spoke with the Marketplace's Account Review Unit and appealed the disenrollment and subsequent gap in coverage caused by the redetermination of eligibility for you and your eldest son.

On April 15, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 7, 2015 at 3:00 p.m.

Between 3:00 p.m. and 3:30 p.m. on May 7, 2015, a Hearing Officer placed three calls to the telephone number that you gave 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 March 18, 2015 notice of disenrollment remains in effect. The dismissal of your appeal has no effect on any eligibility determinations that were issued after March 18, 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, 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.

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).

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]

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