



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: AP000000002213

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 10, 2015, the Marketplace issued a renewal notice that it was time to renew your coverage through NY State of Health and that you needed to update the information contained in your account by February 15, 2015 so that an appropriate decision regarding your eligibility could be made.

There is no record that you updated your account by February 15, 2015.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination that stated you were not eligible for Medicaid, Child health Plus, or tax credits or cost-sharing reductions and were not qualified to enroll in a qualified health plan through NY State of Health. The notice stated that this determination was made because you “did not respond to the renewal notice and did not complete your renewal within the required timeframe.”

On February 20, 2015, the marketplace issued a disenrollment notice advising you that you had been disenrolled from your Medicaid Managed Care plan effective February 28, 2015, because you were no longer eligible to enroll in insurance through the Marketplace.

On March 17, 2015 and March 23, 2015, the Marketplace received letters from you requesting an appeal from your disenrollment from your health insurance plan.

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 April 2, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 28, 2015 at 11:00 a.m.

On April 25, 2015, you sent a request for postponement of your hearing scheduled for April 28, 2015, and indicated in that request that you will be calling to reschedule the hearing in the future.

On April 28, 2015, an impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 11:02 a.m. and 11:34 a.m. because the hearing had not yet been cancelled or rescheduled. Since the Hearing Officer was unable to reach you, your appeal was dismissed and a Notice of Dismissal was issued on May 5, 2015.

Thereafter, the Marketplace acknowledged your request to postpone the April 28, 2015 hearing and rescheduled a telephone hearing based on your appeal request. It sent you notice on May 6, 2015, telling you that a Hearing Officer would call you on May 28, 2015 at about 11:00 a.m.

Between 11:04 a.m. and 11:30 a.m. on May 28, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace, but was unable to reach you. Since you did not appear for your hearing as rescheduled, we are dismissing your appeal.

## **How does this Dismissal Affect Your Eligibility?**

The Marketplace's eligibility redetermination issued on February 17, 2015 and the disenrollment notice issued on February 20, 2015 remain 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.

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.

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

[REDACTED]