



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: AP000000002306

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

Dear [REDACTED],

Two accounts were created for you. The first, [REDACTED] is your active account and the only account you should use from now on. The second, [REDACTED] has been deactivated and should not be used.

All further references in this notice are to account [REDACTED]

On April 6, 2015, you spoke with the Marketplace's Account Review Unit and requested an appeal because you had been disenrolled from your health insurance plan without your consent in an eligibility determination issued by the Marketplace on March 12, 2015.

On April 28, 2015 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 22, 2015 at 9:00 a.m.

Between 9:00 a.m. and 9:45 a.m. on May 22, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three 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.

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).

How does this Dismissal Affect Your Eligibility?

The March 12, 2015 eligibility determination remains in effect. However, after that determination was issued, the Marketplace issued additional determinations. Currently you are enrolled in Fidelis Silver Care, and this will not be affected by this dismissal.

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

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).

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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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