



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002439

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 10, 2015 you updated your Marketplace Account.

On April 11, 2015 the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible to receive up to \$6.00 per month in advance premium tax credits. You and your spouse are not eligible for cost-sharing reductions or Medicaid because your household income was over the allowable limits for those programs. Your children were determined eligible to enroll through Child Health Plus with a \$15.00 premium per month. This eligibility was effective May 1, 2015.

On April 12, 2015 the Marketplace issued a disenrollment notice stating that your spouse's Medicaid Fee-For-Service coverage will be discontinued as of April 30, 2015. The notice also stated that your Fidelis Care Catastrophic ST INN Pediatric Dental and Medicaid-Fee-For-Service coverage will be discontinued as of April 30, 2015.

On April 16, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your spouse's eligibility for Medicaid and your eligibility to enroll in a catastrophic health plan was ending.

On April 30, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for May 21, 2015 at 10:00 am.

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 May 21, 2015 you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided on three separate occasions between 10:00 am and 10:25 am. You did not answer. Therefore, we were unable to reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 11, 2015 eligibility determination continues in effect.

The Marketplace's April 12, 2015 disenrollment notice continues in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference Appeal Identification Number at the top of this notice.

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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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