



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 8, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002665

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 13, 2015, the Marketplace issued a renewal notice, and advised you that you and your family could not be reenrolled in your current plan and that you would have to select a new plan by March 15, 2015 in order for changes to be effect by April 1, 2015.

No changes were made to your account by that March 15, 2015.

On March 18, 2015, the Marketplace issued a disenrollment notice confirming that your family's coverage under your Medicaid managed care (MMC) plan would end effective March 31, 2015.

On April 29, 2015, you updated your account and in a preliminary determination made the same day, the Marketplace indicated that you and your husband were eligible to receive advance premium tax credits, effective June 1, 2015. Your daughter was eligible to enroll in a Child Health Plus plan with a monthly premium of \$30.00. Your application indicated that your son did not need insurance.

Also on April 29, 2015, you spoke with the Marketplace's Account Review Unit and appealed the findings in the April 29, 2015 preliminary determination.

On April 30, 2015, the Marketplace issued an eligibility determination that stated you and your spouse were eligible for an advance premium tax credit and that

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your daughter was eligible to enroll in a Child Health Plus plan with a monthly premium of \$30.00.

On May 19, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 16, 2015 at 2:00 p.m.

On June 16, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 2:00 p.m. and 2:35 p.m. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

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

The Marketplace's March 18, 2015 disenrollment notice and the April 30, 2015 eligibility determination remain in effect, and the Appeals Unit will not be reviewing your case.

### **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.

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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 Code of 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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