



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000723

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

Dear [REDACTED]

On June 18, 2014, the Marketplace issued an eligibility determination in your case, which found you eligible to enroll in a qualified health plan (QHP) through the New York State of Health and confirmed you enrollment with Empire Platinum Guided Access-ceaf.

On June 23, 2014, you appealed your coverage start date.

On July 1, 2014, you spoke with a Customer Service Unit representative and your request to change your coverage start date was fulfilled. You informed the representative that you no longer wished to continue the appeal process and you were informed that a written withdrawal was needed.

Since the Marketplace did not receive a written withdrawal from you, a telephone hearing on your appeal request was scheduled and, on July 29, 2014, the Marketplace sent you a notice to tell you that a Hearing Officer would call you at about 10:30 am on August 13, 2014.

On August 13, 2014, a Hearing Officer called the telephone number you entered in your Marketplace account. The Hearing Officer then called the cellular telephone number you provided to the Customer Service Unit and was able to reach you. However, you were unable to speak to the Hearing Officer at that time

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).

and arranged to have the Hearing Officer call you the next day, August 14, 2014, in the morning.

On August 14, 2014, you failed to appear by telephone for your rescheduled hearing. Between 9:30 am and 10:00 am on August 14, 2014, the Hearing Officer placed three calls to the telephone numbers that you provided but was unable to reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's June 18, 2014 eligibility determination remains unchanged and the Marketplace's subsequent June 26, 2014 eligibility determination based on the same application continues 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.

### **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:

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- 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]  
[REDACTED]

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