



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: AP000000000741

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 24, 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 Marketplace but denied you a Special Enrollment Period to select a health plan outside of the open enrollment period.

On July 10, 2014, you appealed the Marketplace's denial of a Special Enrollment Period.

On July 17, 2014, the Marketplace issued an eligibility redetermination in your case, which granted you a Special Enrollment Period and found you qualified to select a health plan outside of the open enrollment period until September 6, 2014.

On July 22, 2014, the Marketplace issued a notice confirming your health plan selection of Bronze Select as of July 21, 2014.

The Marketplace scheduled a telephone hearing on your appeal request and on July 30, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 9:00 a.m. on August 15, 2014.

Between 9:00 a.m. and 9:30 a.m. on August 15, 2014, the Hearing Officer placed three calls to the telephone number that you provided the Marketplace but was

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).

unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's June 24, 2014 eligibility determination remains unchanged. The Marketplace's July 17, 2014 eligibility redetermination continues in effect. However, any subsequent eligibility redeterminations made by the Marketplace may replace these redeterminations.

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

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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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