



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 31, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000885

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 19, 2014, the Marketplace issued an eligibility redetermination based on the updated application information you provided on August 18, 2014. It said you do not qualify to select a health plan outside of the open enrollment period because you have not met the requirements.

On August 25, 2014, you appealed this determination.

On August 29, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 26, 2014 at 1:00 pm.

On September 26, 2014, you failed to appear by telephone for your scheduled hearing. At 1:05 p.m. that day, an impartial Hearing Officer attempted to contact you at the primary phone number you had provided. A woman answered and said it was a business number. Because the Hearing Officer is not allowed to give any personal information, no message was left. The Hearing Officer next attempted to contact you at a second telephone number that was listed on your account. The same woman answered and said this was her cell phone number. This time she understood the call was from the New York State of Health Appeals Unit for your hearing because she had set the hearing up. The Hearing Officer agreed to wait on the line while she attempted to contact you. She came back on the line and reported she could not get through to you.

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).

The woman would not agree to give the Hearing Officer your number. As a compromise, the Hearing Officer agreed to give her one-half hour to contact you for a number where you could be reached. At 1:37 p.m., the Hearing Officer called the woman's cell phone number and a recorded message indicated the voicemail box had not yet been set up. After all of these attempts, we could not reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's August 19, 2014 eligibility redetermination continues in effect.

### **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 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 Federal regulation 45 CFR § 155.530.

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**A Copy of This Notice of Dismissal Has Been Sent To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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