



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: March 5, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001398

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 6, 2015, the Marketplace issued a notice of eligibility redetermination based on your January 5, 2015 updated application. It said that you are eligible to purchase a qualified health plan at full cost through New York State of Health, with an eligibility effective date of February 1, 2015.

On January 8, 2015, you appealed the start date of coverage from that eligibility redetermination.

The Marketplace scheduled a telephone hearing and sent you notice on January 26, 2015, telling you that a Hearing Officer would call you at about 9:00 a.m. on February 17, 2015.

Between 9:08 a.m. and 9:33 a.m. on February 17, 2015, a Hearing Officer from the Marketplace's Appeals Unit placed three calls to the primary telephone number that you gave the Marketplace but was 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 January 6, 2015 notice of eligibility redetermination continues in effect.

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).

## **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  
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]