



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

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

Notice Date: May 4, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001966

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED],

On February 19, 2015, the Marketplace issued a disenrollment notice that stated your insurance coverage with Healthfirst Silver would end effective March 31, 2015. In a separate notice, your enrollment with Healthfirst Gold was also confirmed, effective as early as April 1, 2015.

On March 5, 2015, you requested an appeal insofar as your disenrollment from Healthfirst Silver was not effective February 1, 2015, because you did not want the coverage and did not want to be responsible for the February and March premiums for that plan.

On March 25, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 21, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on April 21, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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 February 19, 2015 disenrollment notice remains 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).

Your coverage in Healthfirst Silver ended effective March 31, 2015.

## **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 Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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