



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002299

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 4, 2015, the Marketplace issued a notice of disenrollment confirming your April 3, 2015 request to disenroll you and your spouse from your plan coverage. The notice further stated that your request had been processed, and that coverage for you and your spouse would terminate effective April 30, 2015.

On April 6, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 4, 2015 notice of disenrollment insofar as you were seeking a March 31, 2015 termination date of your plan coverage.

On April 25, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 15, 2015 at 10:00 a.m.

On May 15, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 10:02 a.m and 10:33 a.m. In the first call attempt, the Hearing Officer was able to complete the call, but was apparently disconnected. In the second call attempt, the Hearing Officer left a message on your voicemail. In the final call attempt, a person that identified himself as you answered, but then hung up. We were unable to reach you.

Accordingly, we are dismissing your appeal.

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).

How Does this Dismissal Affect Your Eligibility?

The Marketplace's notice of disenrollment issued on April 4, 2015 remains 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:

- 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

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).

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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