



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002695

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 14, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through the Marketplace.

On the same day the Marketplace issued a notice to confirm your enrollment in Healthfirst Platinum Leaf Premier NS INN Family Dental Dep25 Family Vision plan and stated that coverage could start as early as March 1, 2015.

On May 1, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as being eligible for a special enrollment period (SEP).

On May 2, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health. The notice states that you "do not qualify to select a plan outside of the open enrollment period."

On March 11, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for June 4, 2015 at 2:00 pm.

On June 4, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided and found on the Notice of Telephone Hearing on three separate

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).

occasions between 2:00 pm and 3:00 pm. You did not answer. Therefore, we were unable to reach you.

Accordingly, we are dismissing your case.

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

The Marketplace's February 14, 2015 eligibility determination notices continue in effect.

The May 2, 2015 eligibility determination notice continues in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

### **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 reference 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

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**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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