



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002764

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On February 16, 2015 the Marketplace issued an enrollment notice confirming that you and your spouse were enrolled in Fidelis Care Bronze ST INN Pediatric Dental Dep25 (Fidelis Care Bronze) and if you paid your first month's premium, your coverage could start as early as January 1, 2015.

On February 27, 2015 the Marketplace issued a disenrollment notice that your insurance coverage with Fidelis Care Bronze will end effective February 28, 2015.

Also on February 27, 2015 the Marketplace issued an enrollment notice confirming that you and your spouse were enrolled in Fidelis Care Bronze and coverage could start as early as April 1, 2015.

On May 6, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the enrollment start date of your Fidelis Care Bronze health plan.

On June 1, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for July 2, 2015 at 3:00 pm.

On July 2, 2015 you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number 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).

provided on three separate occasions between 3:00 pm and 3:30 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 Appeals Unit of NY State of Health will not review your appeal at this time.

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.

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] [REDACTED]
[REDACTED]

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