



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003659

[REDACTED]

Dear [REDACTED],

On May 12, 2015 the Marketplace issued a disenrollment notice that your Affinity Access Silver ST INN Dep25 coverage will end effective May 31, 2015.

On June 25, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being able to reenroll in a health plan through the Marketplace.

On July 21, 2015 the Marketplace issued an enrollment notice stating that as of July 20, 2015 you are enrolled in Affinity Health Plan and your coverage could start as early as September 1, 2015.

On July 31, 2015 the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for September 16, 2015 at 11:00 am.

Between 11:00 am. and 11:30 am on September 16, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact you using the telephone number that you provided on the Notice of Telephone Hearing, but was unable to reach you.

Since you did not appear for your hearing as scheduled, 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: 1-877-622-4886).

How does this Dismissal Affect My 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

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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

This dismissal will not affect any determination made after the appeal request.

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 Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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