



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004221

[REDACTED]

Dear [REDACTED],

On June 2, 2015, the Marketplace issued a notice of eligibility determination, stating, in part that, you did not qualify to select a health plan outside of the open enrollment period. You appealed this determination in an appeal received by the Marketplace on August 5, 2015, and requested an in-person hearing.

The Marketplace reprocessed your application, and issued a revised decision on August 7, 2015. This decision found that you were qualified to select a health plan outside of open enrollment. You were later enrolled in a health plan, Healthfirst Gold Leaf Premier NS INN Family Dental Dep25 Family Vision, effective July 1, 2015 to December 31, 2015.

On September 21, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 16, 2015 at 11:00 a.m. The notice further stated that if you had a disability and needed an accommodation for the hearing to please contact the Marketplace.

At 11:00 a.m. on October 16, 2015, a Hearing Officer placed a call to the phone number you provided to the Marketplace and attempted to hold the hearing. The Hearing Officer attempted several times to place you under oath; however, you refused to be sworn in. The hearing was then ended and the call terminated.

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).

Since you did not appear for and cooperate during your hearing as scheduled, we are dismissing your appeal.

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 cooperate with the conduct of your hearing, the precise relief you are requesting, and the basis for your request for accommodation with an in-person hearing.

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.

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: 1-877-622-4886).

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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