



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005739

[REDACTED]

Dear [REDACTED],

On December 22, 2015, the Marketplace issued a preliminary eligibility determination stating that you were eligible to qualified health plan at full cost, effective February 1, 2016. You appealed this determination.

On February 10, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 8, 2016 at 2:00 PM.

On March 8, 2016, a Hearing Officer placed a call at 2:00 PM to the telephone number that you provided to the Marketplace. However, the call was answered by someone identifying themselves as your business manager. Since this person is not listed as an authorized representative in your account with regard to this appeal, and since you were not present with this person, this is considered a failure to appear.

Since you did not appear for 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 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).

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, you must 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 both the Appeal Identification Number and the NY State of Health Account ID at the top of this notice.

How to Contact the Marketplace

You can contact the Marketplace 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 45 Code of Federal Regulations § 155.530.

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



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