



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005842

[REDACTED]

Dear [REDACTED],

On December 26, 2015, the New York State of Health (NYSOH) issued an enrollment notice confirming that as of December 25, 2015, you and your spouse were enrolled in Essential Plan 2 (Independent Health), and your child was enrolled in Medicaid (Independent Health Association, Inc.) with a plan enrollment start date of February 1, 2016. You requested an appeal insofar as the plan enrollment start dates of your family's plans through NYSOH.

On February 24, 2016, the NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 25, 2016 at 11:00 am.

On March 25, 2016, the NYSOH issued a Notice of Hearing Cancellation. The notice stated that your telephone hearing was rescheduled to a later date.

Also on March 25, 2016, , the NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 25, 2016 at 3:00 pm.

Between 3:10 pm and 3:40 pm on April 25, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to the NYSOH, 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 NYSOH'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

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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