



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

## NOTICE OF DISMISSAL

Notice Date: April 4, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005962

[REDACTED]

Dear [REDACTED],

On January 1, 2016 the Marketplace issued a notice of enrollment stating that you were enrolled in the Essential Plan effective February 1, 2016. You appealed this determination.

On March 31, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you at the scheduled hearing time. You stated that it was no longer necessary to have a hearing and that you wanted to cancel your appeal. The Hearing Officer asked if you had time to be sworn in so that your appeal could be formally withdrawn, however you were on your way out and did not have time to go through the formal procedure.

Since your hearing did not go forward 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, or 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 your hearing did not go forward 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 number 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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