



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

NOTICE OF DISMISSAL

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005963

[REDACTED]

Dear [REDACTED],

On December 30, 2015, the Marketplace issued a cancellation notice that stated your request was processed on December 29, 2015, and you would not have coverage in the qualified health plan you had previously selected with a start date of January 1, 2016. Also on December 30, 2015, the Marketplace issued an enrollment notice confirming your selection of a different QHP with an enrollment start date of February 1, 2016. You appealed NYSOH not backdating coverage in your different QHP to January 1, 2016.

On March 1, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 29, 2016, at 3:00 p.m. You requested and the Hearing Officer granted an adjournment of that hearing to April 12, 2016 at 3:00 p.m.

A Hearing Officer called you at 3:00 p.m. on April 12, 2016. Although you answered the call, you stated that you were at a closing and could not have a hearing at this time. You also stated that we could just close the appeal because your husband never gave you his January 2016 medical bills. Accordingly, the call was ended.

Since your hearing did not go forward as rescheduled, 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, 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.

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).

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



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