



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 01, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006828

[REDACTED]

Dear [REDACTED],

On February 5, 2016, New York State of Health (NYSOH) issued an enrollment notice confirming that you were enrolled in the Essential Plan 1 Plus Vision and Dental (Healthfirst) with a plan enrollment start date of March 1, 2016.

Also on February 5, 2016, NYSOH issued a disenrollment notice stating that your Healthfirst Gold Leaf Premier, Gold, NS, INN, Family Dental, Dep25, Family plan would end effective February 29, 2016. You requested an appeal insofar as the enrollment start date of your Essential Plan and the effective date of your disenrollment in your qualified health plan.

On May 9, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 23, 2016 at 10:00 am.

On June 23, 2016, you spoke with a Hearing Officer from NYSOH's Appeals Unit. You stated that you did not receive a Notice of Telephone Hearing, and the hearing was rescheduled.

On June 28, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 29, 2016 at 10:00 am.

On July 29, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH between

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).

10:00 am and 10:30 am. However, there was no answer. Accordingly, we were unable to reach you.

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 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

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## **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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