



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 4, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000640

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 11, 2014, the Marketplace made a preliminary eligibility determination that [REDACTED] are eligible for insurance through Child Health Plus with a \$9.00 monthly premium for each child.

On May 12, 2014, you appealed that preliminary determination.

A May 27, 2014, Notice of Telephone Hearing advised you that the hearing you requested was scheduled for June 24, 2014 at 1:00 pm.

On June 24, 2014, you failed to appear by video relay service for your scheduled hearing. An impartial hearing officer contacted [REDACTED] in order to communicate with you at the videophone number you provided. [REDACTED] attempted to contact you at the videophone number you provided on three separate occasions between 1:00 pm and 2:00 pm. We were unable to reach you.

Accordingly, we are dismissing your appeal.

### How does this Dismissal Affect Your Eligibility?

The Marketplace's February 11, 2014, preliminary eligibility determination continues in effect.

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: 1-877-662-4886).

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, 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 also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference 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 Federal regulation 45 CFR § 155.530.

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

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

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