



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001301

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 30, 2014, based on your updated application, the Marketplace prepared a preliminary eligibility determination that your children were eligible to enroll in Child Health Plus (CHP) with a \$30.00 premium per month for each, effective February 1, 2015.

On December 30, 2014, you appealed the enrollment start date of February 1, 2015, and requested that it be changed to January 1, 2015.

On December 31, 2014, the Marketplace issued a notice of eligibility redetermination consistent with its December 30, 2014 preliminary eligibility redetermination.

The Marketplace scheduled a telephone hearing and sent you notice on January 14, 2015, to tell you that a Hearing Officer would call you at about 1:00 p.m. on February 6, 2015.

Between 1:00 p.m. and 1:30 p.m. on February 6, 2015, the Hearing Officer from New York State of Health Appeals Unit placed three calls to the primary telephone number that you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's December 31, 2014 eligibility redetermination, as made on December 30, 2014, 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).

Your children remain eligible for and enrolled in CHP through the Marketplace as of February 1, 2015.

## **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 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. No further action will be taken on it by the Marketplace.

## **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 Federal regulation 45 CFR § 155.530.

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

[REDACTED]  
[REDACTED]  
[REDACTED]