



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001334

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 2, 2015, the Marketplace prepared a preliminary eligibility determination in your case. The determination stated, in part, that [REDACTED] was eligible for Child Health Plus with a premium amount of \$9.00 per month.

On January 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of [REDACTED] Child Health Plus eligibility.

On January 3, 2015, the Marketplace issued an eligibility determination in your case that stated [REDACTED] was eligible to enroll through Child Health Plus with a premium of \$9.00 per month; this eligibility was effective February 1, 2015.

On January 21, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for February 10, 2015 at 9:00 a.m.

Between 9:00 a.m. and 9:30 a.m. on February 10, 2015, a Hearing Officer called the telephone number that you gave the Marketplace. The Hearing Officer placed three calls to that telephone number 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 January 3, 2015 eligibility determination remains 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).

██████████ is eligible to enroll through Child Health Plus with a \$9.00 premium per month effective 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 Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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