



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001375

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 6, 2014, the Marketplace issued a notice stating it was time for your household to renew your NY State of Health insurance coverage. At the time of the notice, there was not enough information for the Marketplace to make any determination on the eligibility of your family members. You were given until December 15, 2014 to update your application or risk an interruption in health insurance coverage.

On December 29, 2014, information in your Marketplace account was modified. On December 30, 2014, an eligibility determination was issued. It stated, in pertinent part, that [REDACTED] was eligible to enroll in Child Health Plus, effective February 1, 2015, with a \$60.00 per month premium.

On January 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of [REDACTED]'s Child Health Plus coverage.

On January 13, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for January 28, 2015 at 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on January 28, 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.

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).

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

The Marketplace's December 30, 2014 eligibility determination continues in effect.

██████████ is eligible for Child Health Plus, effective 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

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).

## **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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