



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001472

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED] [REDACTED],

On November 6, 2014, the Marketplace sent you a notice that it was time to renew your household's health insurance and you needed to update information on your NY State of Health account by December 15, 2014.

On December 23, 2014, the Marketplace issued a notice of eligibility redetermination based on your December 22, 2014 updated application. It said, in part, that your child was eligible to enroll in Child Health Plus (CHP) with financial assistance effective as of February 1, 2015.

That same day, the Marketplace issued a letter confirming your child's enrollment in a CHP plan, Fidelis Care, with February 1, 2015 as the effective start date of coverage.

On January 15, 2015, you appealed the start date of your child's enrollment in CHP and requested that the start date be made effective January 1, 2015.

The Marketplace scheduled a telephone hearing and sent you notice on January 30, 2015, telling you that a Hearing Officer would call you on February 23, 2015 at about 10:00 a.m.

Between 10:00 a.m. and 10:35 a.m. on February 23, 2015, a Hearing Officer from the Marketplace's 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.

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 23, 2014 notice of eligibility redetermination continues in effect. February 1, 2015 remains the effective start date for your child's enrollment in Fidelis Care, a CHP plan.

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]