



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001989

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

Dear [REDACTED],

On March 10, 2015, the Marketplace received your applications for health insurance and made preliminary eligibility determinations in response to each. Each preliminary determination stated that your two children were not eligible for financial assistance to enroll in health insurance in the Marketplace.

Also on March 10, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination because it said your children were not eligible to enroll in a subsidized plan through the Marketplace, because they were already enrolled in Medicaid or Child Health Plus.

On March 11, 2015, the Marketplace issued a notice of eligibility determination, stating that your children were eligible to enroll in a qualified health plan through the Marketplace, at full cost, effective April 1, 2015.

On March 12, 2015, your application was again modified, and on March 13, 2015, the Marketplace issued an eligibility determination stating that your children were eligible for Child Health Plus, with a premium of \$30.00 per month each.

On May 13, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 15, 2015 at 1:00 p.m.

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: 1-877-622-4886).

Between 1:00 p.m. and 1:40 p.m. on June 15, 2015, a Hearing Officer placed three calls to the telephone number that you have provided to 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 My Eligibility?

The May 13, 2015 notice of eligibility determination which was issued after you filed an appeal will not be affected by this dismissal.

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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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: 1-877-622-4886).

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.

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: 1-877-622-4886).

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

[REDACTED]
[REDACTED]
[REDACTED]

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: 1-877-622-4886).