



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 6, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002092

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Ms. [REDACTED],

On March 10, 2015, the Marketplace issued a notice of eligibility determination based on your March 9, 2015 application. It stated that your two daughters were conditionally eligible for Child Health Plus (CHP) coverage at a reduced monthly premium rate of \$30.00 per child, effective April 1, 2015. It further stated that additional information was required to confirm your daughters' eligibility. It requested that you provide income documentation by May 8, 2015.

On March 18, 2015, you spoke with the Marketplace's Account Review Unit and appealed the March 10, 2015 eligibility determination and notice of enrollment insofar as your daughters were permitted to enroll in a CHP plan no earlier than April 1, 2015.

On April 3, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for April 28, 2015 at 3:00 p.m.

On April 28, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 3:02 p.m. and 3:36 p.m. We were unable able to reach you.

Accordingly, 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 eligibility determination issued on March 10, 2015 remains in effect.

Your daughters' coverage under their CHP plan starts effective April 1, 2015, provided your premium amount was timely received.

Your daughters remain conditionally eligible for CHP coverage at a reduced monthly premium rate of \$30.00 per child.

If you have not already done so, please provide your income documentation to the Marketplace no later than May 8, 2015. Failure to do so may result in your daughters' losing their eligibility for financial assistance.

## **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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