



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002370

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED],

On February 28, 2015, the Marketplace issued an eligibility redetermination notice stating that your son was eligible to enroll through Child Health Plus with a \$15.00 premium per month and that this eligibility is effective as of April 1, 2015.

On April 11, 2015, the Marketplace issued a notice confirming your son's enrollment in Child Health Plus as of April 10, 2015, and it further stated that if you pay your first month's premium, your coverage could start as early as May 1, 2015.

On April 10, 2015, you spoke to the Marketplace Account Review Unit and appealed the effective date of your child's enrollment effective date in Child Health Plus, indicating that you wanted the effective date to be April 1, 2015, instead of May 1, 2015.

On April 27, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for May 19, 2015, at 3:00 pm.

On May 19, 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 on three separate occasions between 3:00pm and 3:30pm. We could not reach you.

Accordingly, we are dismissing your case.

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 February 28, 2015 eligibility redetermination and the Marketplace's April 11, 2015, enrollment confirmation letter continue in effect.

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference 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 of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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