



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002418

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 18, 2014 you applied for health insurance through the Marketplace for your infant daughter.

On September 19, 2014 the Marketplace issued an eligibility determination notice stating that your infant daughter is presumptively eligible for Child Health Plus for a period of 90 days. The notice directed you to submit citizenship status or her Social Security Number within the 90-day time period.

Also on September 19, 2014 the Marketplace issued an enrollment confirmation notice stating that your infant daughter has been enrolled in Healthfirst PH SP, Inc. with a monthly premium of \$30.00 and that the plan could start as early as November 1, 2014.

On April 2, 2015 you updated your Marketplace Account.

On April 3, 2015 the Marketplace issued an eligibility determination notice stating that your eldest daughter is eligible to purchase a qualified health plan at full cost through the Marketplace and your infant daughter is conditionally eligible to enroll through Child Health Plus with a \$30.00 premium per month. This eligibility was effective as of May 1, 2015.

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).

On April 15, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your infant daughter's Child Health Plus effective date as stated in the September 19, 2014 enrollment confirmation notice.

On May 1, 2015 the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for May 21, 2015 at 11:00 am.

On May 21, 2015 you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number you provided on three separate occasions between 11:00 am and 11:26 am. You did not answer. Therefore, we were unable to reach you.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's September 19, 2014 Marketplace notices continue in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

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.

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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]

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