



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 Account ID: [REDACTED]
Appeal Identification Number: AP000000002488

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On April 20, 2015, the Marketplace prepared a preliminary eligibility determination based on your April 20, 2015 application. It found that your son was eligible for coverage under Child Health Plus (CHP) at a reduced premium rate of \$45.00 per month, effective June 1, 2015.

Also on April 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of your son's CHP plan insofar as it was effective no earlier than June 1, 2015.

On April 21, 2015, the Marketplace issued a notice of eligibility determination formalizing the findings prepared under the April 20, 2014 preliminary eligibility determination in that stated that your son was eligible to enroll through CHP at a reduced premium rate of \$45.00 per month, effective June 1, 2015.

On May 5, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 26, 2015 at 3:00 p.m.

On May 26, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the number you provided to the Marketplace on three separate occasions between 3:10 p.m. and 3:40 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 notice of eligibility determination issued on April 21, 2015 remains in effect.

Your son's CHP coverage start date of June 1, 2015 remains in effect.

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.

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 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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