



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002489

[REDACTED]

Dear [REDACTED],

On April 20, 2015, you submitted an application for financial assistance to purchase health insurance through the Marketplace.

On April 21, 2015, the Marketplace issued an eligibility determination notice based on your April 20, 2015 application. It stated, in relevant part, that your son, [REDACTED], was eligible for coverage through Child Health Plus (CHP) at a reduced premium rate of \$9.00 per month, beginning June 1, 2015. You appealed this determination insofar as your son was eligible for CHP coverage no earlier than June 1, 2015.

On June 24, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for August 10, 2015 at 11:00 a.m.

On August 10, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the alternate phone number of [REDACTED] you provided to the Marketplace on or about July 22, 2015. In each case, the call by the Hearing Officer resulted in a connection to a fax machine signal. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

## **How Does this Dismissal Affect Your Eligibility?**

The Appeals Unit of NY State of Health will not review your appeal at this time.

## **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.

## **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 Code of Federal Regulations 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: 1-877-662-4886).

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



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