



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003036

[REDACTED]

Dear [REDACTED],

On April 12, 2015, you were sent a renewal notice by the NY State of Health Marketplace which stated that more information was required to make a decision about whether or not you qualify for financial help paying for your health coverage. The notice asked that you provide updated information to your account by May 15, 2015 otherwise the financial assistance you were receiving may end.

On May 17, 2015, a redetermination notice was sent finding your daughter no longer eligible for financial assistance because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. As a result her eligibility would end effective May 31, 2015.

That same day an eligibility redetermination notice was issued finding you and your spouse newly eligible to purchase a qualified health plan at full cost effective June 1, 2015. The notice further found your three children no longer eligible for Child Health Plus, however they would continue to receive coverage until June 1, 2015 at a cost of \$9.00 per month.

On August 13, 2015 you contacted the Marketplace and requested that your daughter's Child Health Plus coverage be backdated for the month of June.

On September 16, 2015, a notice of telephone hearing was issued for a telephone hearing on November 3, 2015, at 10:00 am.

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: 1-877-622-4886).

On November 3, 2015, between 10:00 am and 10:30 am, a Hearing Officer from the Marketplace's Appeals Unit placed two calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. Your spouse answered the Hearing Officer's call on the second attempt and identified herself for the record. She informed the Hearing Officer that you were at work, and that she was unaware of a hearing scheduled for that time. She was unclear as to the nature of the issue for the appeal and asked that we contact you at your work. She provided your work number for the Hearing Officer to place a call to. The Hearing Officer then attempted to contact that number, but was placed on hold in a call answering center with a message that all representatives were currently busy.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My 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.

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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 Code of Federal Regulations 45 CFR § 155.530.

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



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