



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003960

[REDACTED]

Dear [REDACTED],

On June 11, 2015, a renewal notice was generated asking that you update the information in your account by July 15, 2015.

On July 17, 2015, a disenrollment notice was issued ending coverage for your household under Child Health Plus effective July 31, 2015.

On July 20, 2015, the Marketplace received your household's new application for health insurance.

On July 21, 2015, the Marketplace issued an eligibility determination notice stating that your two sons are eligible to enroll in Child Health Plus with a \$9.00 monthly premium per child, effective September 1, 2015. This was based on a household income of \$34,560.00. The notice further stated that their coverage would be effective shortly after the first premium payment was received by the health plan.

That same day the Marketplace issued a notice confirming your Child Health Plus plan selection. The notice confirmed that the total monthly premium was \$18.00 and coverage could start as early as September 1, 2015, if you pay your first month's premium.

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 July 21, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your Child Health Plus plan on September 1, 2015 instead of August 1, 2015.

On September 1, 2015, a notice of telephone hearing was issued for a telephone hearing on October 1, 2015 at 9:00 am.

On October 1, 2015, between 9:00 am and 9:30 am, a Hearing Officer from the Marketplace's Appeals Unit placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you.

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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