



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004145

[REDACTED]

Dear [REDACTED]

On July 30, 2015 the Marketplace received your household's initial application for health insurance.

On July 31, 2015, an eligibility determination was made based upon the information in your application. That determination found you eligible and your spouse conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$662.00 per month. The notice also found your four children eligible for Child Health Plus at the rate of 9.00 per month effective September 1, 2015.

On July 31, 2015, you enrolled your children into HealthPlus, an Amerigroup Company under Child Health Plus, with a start date of September 1, 2015.

That same day, you spoke to the Marketplace's Account Review Unit and appealed the July 31, 2015 enrollment notice insofar as it began your children's health coverage on September 1, 2015 and not August 1, 2015.

On September 16, 2015, a notice of telephone hearing was issued which provided a hearing date of October 13, 2015 at 11:00 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).

Between 11:00 a.m. and 11:30 a.m. on October 13, 2015, a Hearing Officer 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.

### **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

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).

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: 1-877-622-4886).

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



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).