



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: November 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004392

[REDACTED]

Dear [REDACTED],

On August 20, 2015, the Marketplace issued a notice confirming the enrollment of your daughter, [REDACTED], in the Independent Health Association, Inc. Child Health Plus (CHP) plan at a reduced premium rate of \$9.00 per month. The notice also stated that her coverage could begin as soon as October 1, 2015, provided you paid the first month's premium. You appealed this determination insofar as you were seeking a coverage start date of September 1, 2015.

On October 28, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 19, 2015 at 2:00 p.m.

Between 2:03 p.m. and 2:33 p.m. on November 19, 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  
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: 1-877-622-4886).

## **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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