



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: February 2, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005356

[REDACTED]

Dear [REDACTED],

On November 24, 2015, the Marketplace received your updated application for financial assistance with your health insurance.

That same day an eligibility determination was made finding you eligible to enroll in the Essential Plan, and your two children eligible to enroll in Child Health Plus for a cost of \$9.00 per month effective January 1, 2016.

You then enrolled your children in a Child Health Plus plan on November 24, 2015. Their coverage would be able to start as early as January 1, 2016 as long as you paid your first month's premium.

On November 27, 2015, you contacted the Marketplace's account review unit and appealed the start date of your children's Child Health Plus plan.

A notice of telephone hearing was issued on December 28, 2015, for a scheduled hearing on January 28, 2016 at 2:00 pm. The hearing notice stated that you would be called at the number the Marketplace has on file for you.

On January 28, 2016, between 2:00 pm and 2:30 pm a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. Each time the Hearing Officer called you they left a message as to the nature of the call.

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

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).

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: 1-877-662-4886).

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 Decision Has Been Provided To:

