



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: March 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005474

[REDACTED]

Dear [REDACTED],

On December 9, 2015, the Marketplace issued a notice of eligibility determination, stating that your children, were each eligible to enroll in Child Health Plus (CHP) at a cost of \$30.00 per month, effective January 1, 2016. However, your son's eligibility was conditional pending the receipt of documentation to confirm his citizenship status and social security number before March 7, 2016. You appealed this determination.

On February 16, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 14, 2016, at 2:00 p.m.

On March 14, 2016 at 2:00 p.m., a Hearing Officer placed a call to the telephone number that you provided to the Marketplace. An individual answered that call and stated that you were not available, and would not be available within the next half hour. Accordingly, the Hearing Officer 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 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).

## **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, you must 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 both the Appeal Identification Number and the NY State of Health Account ID at the top of this notice.

## **How to Contact the Marketplace**

You can contact the Marketplace 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 45 Code of Federal Regulations § 155.530.

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



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