



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005701

[REDACTED]

Dear [REDACTED],

On December 23, 2015, the Marketplace issued an eligibility determination notice, stating that your son was eligible enroll in a full cost Child Health Plus plan, or a full cost, child-only, qualified health plan, effective February 1, 2016. You appealed this determination.

On February 9, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 8, 2016 at 10:00 AM.

On March 8, 2016, a Hearing Officer placed three calls to the telephone number that you provided to the Marketplace, at 10:00 AM, 10:15 AM, and 10:30 AM, 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, 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.

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:



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