



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005941

[REDACTED]

Dear [REDACTED],

On December 6, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination that in part said your child was no longer eligible for Child Health Plus because you had not provided the required documentation to confirm his eligibility by the required deadline. On January 5, 2016, NYSOH issued a notice of eligibility redetermination that stated your child was eligible for CHP, effective February 1, 2016. That same day, NYSOH issued an enrollment notice confirming your selection of a CHP plan for your child with an enrollment start date of February 1, 2016. You appealed NYSOH's denial of your request to backdate your child's CHP plan coverage to January 1, 2016.

On March 17, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 13, 2016, at 10:00 a.m. That notice listed your cellular telephone number as the number to be contacted and also stated that if you wanted to change the number, to call NYSOH Customer Service Center at its 855 number.

On April 13, 2016, a Hearing Officer placed three calls to the telephone number that you provided to the Marketplace, at 10:00 a.m., 10:07 a.m., and 10:30 a.m. You picked up at 10:30 a.m. and requested that the Hearing Officer contact your husband. You provided his cellular telephone number. At 10:33 a.m. on April 13, 2016, the Hearing Officer placed a call to that number, but was unable to reach your husband.

Since you and your husband 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: 1-877-622-4886).

## **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, 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:**



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).