



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

## NOTICE OF DISMISSAL

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006063

[REDACTED]

Dear [REDACTED],

On January 8, 2016, NY State of Health issued a notice of enrollment stating that your children were enrolled in a Child Health Plus plan, effective February 1, 2016. You appealed this determination.

On March 16, 2016, NY State of Health issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 13, 2016, at 11:00a.m.

A Hearing Officer called you at 11:00a.m. on April 13, 2016 at the phone number you provided to the Marketplace. Although someone answered the call, after the Hearing Officer identified herself and the purpose of the call, the person who answered stated that they did not have time and hung the phone up.

Since your hearing did not go forward 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, or 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 your hearing did not go forward as scheduled.

NY State of Health's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NY State of Health will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NY State of Health will take no further action on your appeal.

## **Appeal Identification Number**

When communicating with NY State of Health about this appeal, please refer to both the Appeal Identification number and NY State of Health number at the top of this notice.

## **How to Contact the NY State of Health**

You can contact NY State of Health 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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