



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

NOTICE OF DISMISSAL

Notice Date: April, 22 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006133

[REDACTED]

Dear [REDACTED],

On January 5, 2016, the NYSOH issued an enrollment notice confirming that as of January 4, 2016, your children were enrolled in Child Health Plus (Empire BlueCross BlueShield HealthPlus) with a plan enrollment start date of February 1, 2016. You appealed the plan enrollment start date of your children's Child Health Plus plan.

On January 25, 2016, the NYSOH received your "Authorized Representative Designation Form." You designated your spouse, [REDACTED], to be the authorized representative.

On March 21, 2016, the NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 19, 2016 at 3:00 pm.

On April 19, 2016, a Hearing Officer from the NYSOH Appeals Unit contacted your spouse using the telephone number that provided to the NYSOH. An individual, who identified themselves as [REDACTED], answered the telephone and stated that they no longer wanted to pursue the appeal.

Therefore, 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, 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

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 Notice of Dismissal Has Been Provided To:

[REDACTED]

[REDACTED]

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