



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

NOTICE OF DISMISSAL

Notice Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006158

[REDACTED]

Dear [REDACTED],

On December 31, 2015 New York State of Health (NYSOH) issued an enrollment notice confirming that your children were enrolled in Child Health Plus (Fidelis Care) with a plan enrollment start date of February 1, 2016.

On January 13, 2016 NYSOH issued a notice confirming that on January 12, 2016 you requested a telephone hearing to review, "start date of CHP."

On April 11, 2016 NYSOH issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for May 10, 2016 at 10:00 am.

On May 10, 2016, a Hearing Officer from NYSOH contacted you for your scheduled hearing. At that time you requested to adjourn the hearing. The hearing was rescheduled for May 31, 2016, and you requested that the hearing be held at 10:00 am.

On May 31, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH between 10:00 am and 10:30 am. However, there was no answer. Accordingly, we were 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?

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).

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, explain why you did not appear for your hearing as scheduled.

The NYSOH'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:



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