



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001866

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

The Marketplace received your application for health insurance on February 24, 2015. The Marketplace prepared a preliminary eligibility determination that you are eligible for Medicaid.

On that same day you spoke to the Marketplace Account Review Unit and requested an appeal of the effective date of coverage of your Medicaid Managed Care provider, Healthfirst.

On February 25, 2015, the Marketplace issued a notice stating that your coverage through Medicaid will begin February 1, 2015 and enrollment with Healthfirst will begin April 1, 2015.

On March 17, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your April 10, 2015 at 10:00 am.

On April 10, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the phone number you provided on three separate occasions between 10:00 am and 11:00 am. We could not reach you.

Accordingly, we are dismissing your case.

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: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

The Marketplace's February 25, 2015, notice continues in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference 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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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