



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002062

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On February 5, 2015, the Marketplace issued a disenrollment notice that your coverage under Medicaid Fee for Service will end effective February 28, 2015.

On February 13, 2015, the Marketplace issued notices of eligibility redetermination that you are eligible to purchase a qualified health plan at full cost through the Marketplace effective March 1, 2015 and April 1, 2015 respectively.

On February 27, 2015, you uploaded a written appeal request to your Marketplace account. You requested an appeal of the Marketplace's eligibility redetermination insofar as you wanted your coverage under Medicaid and premium reimbursements under the Medicaid Premium Assistance Program to be continued. You further requested that premiums be reimbursed for December 2014, January 2015, and February 2015, and that you be granted continuing aid during the appeal process.

On April 6, 2015, the Marketplace granted your request for aid to continue and issued a notice that your coverage under Medicaid is effective March 1, 2015. Your coverage under Medicaid as of March 1, 2015 is for continuing aid during the appeal process.

The Marketplace scheduled a hearing and, on April 2, 2015, sent you notice that a Hearing Officer from the Marketplace's Appeals Unit will be calling you on April 28, 2015 at about 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m., the Hearing Officer placed three calls to the primary number and also to the secondary number that you gave to the Marketplace but was unable to reach you. Since you 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: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

Your appeal of your discontinuance of Medicaid Fee for Service is dismissed.

Your continuing aid under Medicaid will end the last day of the month in which this notice of dismissal of your appeal is issued.

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. No further action will be taken on it by the Marketplace.

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 federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]