



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002098

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 28, 2015, the Marketplace issued an enrollment confirmation notice stating that your coverage through Medicaid will begin February 1, 2015 and enrollment with Health Insurance Plan of Greater New York will begin April 1, 2015.

On March 18, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the effective date of coverage with Health Insurance Plan of Greater New York.

On April 4, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for April 29, 2015 at 3:00 pm.

On April 29, 2015, you failed to appear by telephone for your scheduled hearing. An impartial hearing officer attempted to contact you at the telephone number provided on the Notice of Telephone Hearing. You did not answer.

The hearing officer also attempted to contact you at a telephone number that was provided to the Marketplace as the "hearing callback number for customer." The individual who answered stated that you could no longer be reached at that number.

Therefore, we were unable to 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 28, 2015 enrollment confirmation continues in effect.

However, any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

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

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).

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]

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