



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002393

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On March 3, 2015, the Marketplace issued a notice of eligibility redetermination that your household was eligible for Medicaid effective February 1, 2015.

On March 5, 2015, the Marketplace issued an enrollment notice that your and your family's insurance coverage through Medicaid will begin February 1, 2015 and enrollment in UnitedHealthcare of New York, Inc. will begin April 1, 2015.

On April 7, 2015, the Reimbursement Unit of the Office of Health Insurance Program, Department of Health, issued a letter acknowledging receipt of your claim for reimbursement of medical bills. The letter further indicated that the bills you submitted were being returned to you because, "Documents you submitted are unrelated to reimbursement of medical expenses."

On April 13, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed not being reimbursed for medical expenses you incurred in February 2015.

On May 5, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was initially scheduled for May 27, 2015 at 11:00 a.m.

On May 19, 2015, the Marketplace issued a notice of hearing cancellation at the request of the Department of Health that the hearing be postponed.

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).

That same day, the Marketplace issued a notice of telephone hearing that your telephone hearing was rescheduled for June 18, 2015 at 9:00 a.m.

On June 18, 2015, an impartial Hearing Officer attempted to contact you three times at the primary telephone number you provided to the Marketplace and once at the cellular number listed on your Marketplace account, but was not able to reach you. Since the Hearing Officer was unable to conduct the hearing, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The dismissal of your appeal does not affect your eligibility for or enrollment in Medicaid programs as of February 1, 2015.

It simply informs you that your appeal is being dismissed because attempts to contact you at the scheduled time and date at telephone numbers you provided were unsuccessful.

### **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.

**Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]