



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002480

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 17, 2015, the Marketplace prepared a preliminary eligibility determination regarding the eligibility of your two children. They were determined eligible for Medicaid as of May 1, 2015 and coverage under a Medicaid Managed Care (MMC) plan could begin on June 1, 2015.

That same day, you appealed the preliminary eligibility determination insofar as you wanted your children's coverage under the MMC plan you selected to begin May 1, 2015, not June 1, 2015.

On April 18, 2015, the Marketplace issued a notice of eligibility determination that was consistent with the April 17, 2015 preliminary determination.

That same day, the Marketplace issued a letter confirming that your children's coverage under Medicaid Fee for Service began as of May 1, 2015 and their coverage under Healthfirst, a MMC plan, would begin June 1, 2015.

The Marketplace scheduled a telephone hearing based on your appeal request and sent you notice on May 6, 2015, telling you that a Hearing Officer would call you on May 28, 2015 at about 10:00 a.m.

Between 10:00 a.m. and 10:30 a.m. on May 28, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave 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?

The Marketplace's April 17, 2015 eligibility determination, as issued in a notice dated April 18, 2015, continues in effect.

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

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