



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002568

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 23, 2015, the Marketplace prepared a preliminary eligibility determination stating that your son was eligible for Medicaid effective April 1, 2015.

Also on April 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed your son's enrollment in a Medicaid managed care plan insofar as it became effective on June 1, 2015 and not May 1, 2015.

On April 24, 2015, the Marketplace issued a notice of eligibility determination stating that your son was eligible for Medicaid effective April 1, 2015 and that he could remain with his prior plan or select a new one.

Also on April 24, 2015, the Marketplace issued a notice confirming your child's enrollment in a plan effective June 1, 2015.

On May 13, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 11, 2015 at 11:00 a.m.

Between 11:00 a.m. and 11:30 a.m. on June 11, 2015, a Hearing Officer placed three calls to the telephone number that you have the Marketplace, but was unable to reach you.

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: 1-877-622-4886).

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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

Your case will not be reviewed by the Appeals Unit.

However, it is noted that your son's account has been adjusted to reflect an effective coverage date of April 1, 2015 for his enrollment in his health plan.

### **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, and the Marketplace will take no further action on your appeal.

### **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

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: 1-877-622-4886).

## **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]

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: 1-877-622-4886).