



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: June 23, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002719

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 22, 2014, the Marketplace issued a notice of eligibility determination stating that you were not eligible for Medicaid because you had not responded to the renewal notice and had not completed your renewal within the required timeframe.

On December 25, 2014, the Marketplace issued a disenrollment notice stating that your coverage with EmblemHealth would end effective December 31, 2014, because you are no longer eligible to enroll in health insurance through New York State of Health.

On April 30, 2015, the Marketplace received your written request to appeal the Marketplace's determination and disenrollment notice insofar as they terminated your Medicaid coverage and did not approve any financial assistance to help pay for your health insurance coverage.

On May 11, 2015, the Marketplace issued a notice of hearing to advise you that the hearing you requested was scheduled for June 3, 2015 at 2:00 p.m.

Between 2:00 p.m. and 2:30 p.m. on June 3, 2015, a Hearing Officer attempted to place several calls to the telephone number that you gave the Marketplace, but was unable to reach you because the telephone number was not in service.

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?**

The December 22, 2014 notice of eligibility determination and the December 25, 2014 disenrollment notice remain 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, 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]

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