



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002932

[REDACTED]

Dear [REDACTED],

On January 15, 2015, the Marketplace issued an eligibility determination stating that you are no longer eligible for Medicaid; however, your coverage under Medicaid will continue until December 31, 2015. You appealed this determination.

On January 27, 2015, the Marketplace issued a Notice of Telephone Hearing scheduling your hearing for February 18, 2015 at 9:00 a.m. You failed to appear on that date and at that time, which resulted in a Notice of Dismissal – Failure to Appear being issued on March 4, 2015.

On May 14, 2015, you renewed your appeal of the January 15, 2015 notice of eligibility redetermination.

On June 22, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 31, 2015 at 1:00 p.m.

On July 31, 2015 at 1:00 p.m., a Hearing Officer contacted you by telephone. You identified yourself for the record and were placed under oath. You stated that you are working and asked how much time the hearing would take. The Hearing Officer informed you it could take about one-half an hour and offered twice to adjourn the hearing if it was not convenient for you. You indicated 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).

wanted to have the hearing. While developing the record with the procedural history with the notices issued by the Marketplace, the call was disconnected on your end and there was dead air space.

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

How does this Dismissal Affect My Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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