



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: September 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003621

[REDACTED]

Dear [REDACTED],

On April 18, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for financial assistance or cannot enroll in a qualified health plan through the New York State of Health. The notice states that “[y]ou did not respond to the renewal notice and did not complete your renewal within the required timeframe.” Your eligibility ended effective April 30, 2015.

On April 19, 2015 the Marketplace issued a disenrollment notice that your Healthfirst coverage will end effective April 30, 2015.

On June 18, 2015 you mailed an appeal request to the Marketplace. You requested an appeal insofar as the discontinuance of your Medicaid benefits.

On August 6, 2015 the Marketplace issued a Notice of Telephone Hearing to advise you that your appeal was scheduled for September 23, 2015 at 10:00 am.

On September 23, 2015, a Hearing Officer from the Marketplace Appeals Unit attempted to contact using the telephone number on the Notice of Telephone Hearing and the telephone number provide in your appeal request, 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: 1-877-622-4886).

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
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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