



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 13, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003955

[REDACTED]

Dear [REDACTED],

On June 13, 2014, the Marketplace issued an enrollment notice confirming that you were eligible for Medicaid. The notice further stated that your coverage through Medicaid would begin on June 1, 2014 and your enrollment with MVP Health Plan would begin July 1, 2014.

A non-financial application was submitted to the Marketplace on August 19, 2015; however, no preliminary or written determination was issued by the Marketplace in connection with this application.

As of August 20, 2014, your enrollment details reflected that your coverage under the MVP Health Plan would be terminated effective August 31, 2014. No disenrollment notice was issued formalizing this Marketplace action. You appealed this disenrollment insofar as you were seeking to reinstate your Medicaid coverage effective September 1, 2014.

On September 10, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 8, 2015 at 3:00 p.m.

Between 3:01 p.m. and 3:31 p.m. on October 8, 2015, a Hearing Officer placed three calls to the telephone number that you have provided to 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?

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

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 Code of Federal Regulations 45 CFR § 155.530.

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).

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



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).