



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003993

[REDACTED]

Dear Mr. [REDACTED]

On June 25, 2015, an eligibility determination notice was issued stating that you are eligible for Medicaid because your household income of \$0.00 is at or below the allowable income limit. This eligibility was effective June 1, 2015. The notice was sent to [REDACTED].

On June 30, 2015, the notice was returned to the Marketplace with a Florida address of [REDACTED].

On July 8, 2015, you were disenrolled from your Medicaid Fee-For-Service coverage as of July 31, 2015.

On July 9, 2015, the Marketplace issued a determination notice stating you were found to be not qualified to enroll in a health plan through the Marketplace as you are no longer a resident of New York State.

On July 22, 2015, you spoke to the Marketplace's Account Review Unit and appealed the disenrollment notice as you maintain that you are in fact a New York State resident, and you would like coverage for the month of August 2015, which was a gap in coverage that resulted from the finding by the Marketplace that you are no longer a New York State resident.

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).

Between 3:00 p.m. and 3:30 pm. on October 1, 2015, a Hearing Officer placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you.

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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