



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: December 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004603

[REDACTED]

Dear [REDACTED],

On August 5, 2015, the Marketplace received your application for financial assistance with your health coverage.

That same day, the Marketplace issued a notice stating that after reviewing your application, more information was needed to make a determination. You were asked to provide additional information to confirm your income by August 21, 2015.

On August 11, 2015 the income documentation submitted in the form of paystubs was verified.

On that same day, the Marketplace determined your eligibility based upon the updated income information. You were found eligible for Medicaid effective August 1, 2015.

On September 2, 2015, you contacted the Marketplace's Account Review Unit and appealed the Marketplace's decision to not allow you to enroll in a Medicaid Managed Care plan. The stated reason by the Marketplace was information through the eMedNY database was reflecting you were already enrolled in third party health insurance.

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).

On November 4, 2015, a notice of telephone hearing was issued for a telephone hearing on December 8, 2015 at 2:00 pm.

On December 8, 2015, between 2:00 pm and 2:30 pm, a Hearing Officer from the Marketplace's Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace. The number dialed was returned with a busy signal after each attempt. The phone line was tested to make sure the connection was not a result of a technical error with the phone lines, but when tested the line worked properly.

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

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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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