



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: December 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004751

[REDACTED]

Dear [REDACTED],

On June 23, 2015, the Marketplace issued a cancellation notice that stated your and your spouse's coverage with your Medicaid Managed Care (MMC) plan was cancelled effective July 1, 2015.

On September 11, 2015, the Marketplace issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective September 1, 2015.

That same day, the Marketplace issued an enrollment notice confirming your and your spouse's coverage with the MMC plan you had selected, effective October 1, 2015. You and your spouse appealed the gap in your MMC plan coverage during August 2015.

On November 3, 2015, your completed authorized representative form was uploaded to your Marketplace account in which you designated your spouse to appear at the hearing and testify on your behalf.

On November 6, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for December 10, 2015 at 2:00 p.m.

Between 2:01 p.m. and 2:09 p.m. on December 10, 2015, a Hearing Officer placed two calls to the telephone number you have provided to the Marketplace. A male answered on the second call and stated your spouse and authorized representative would not be available for over one hour.

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 your authorized representative 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.

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

[REDACTED]

[REDACTED]

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