



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: January 07, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004851

[REDACTED]

Dear [REDACTED],

On August 5, 2015 the Marketplace redetermined your household's eligibility for enrollment and found that you did not qualify to enroll in coverage through the Marketplace. This decision was made because when you were sent information including notices about your coverage by U.S. mail to the address you provided in your account, the information was returned as undeliverable. You were asked to provide an updated mailing address and to re-apply. Your eligibility therefore would end effective August 31, 2015.

Return mail was forwarded back to the Marketplace as undeliverable on July 30, August 3, 5, 11, 17, and 19, 2015.

On August 24, 2015, the Marketplace received your updated application for financial assistance.

That same day an eligibility determination was made finding you eligible for Medicaid effective September 1, 2015.

You then enrolled in a health plan that same day with an effective date of October 1, 2015.

Return mail was forwarded back to the Marketplace as undeliverable on August 24, and September 2, 8, and 10, 2015.

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: 1-877-662-4886).

On September 3, 2015, a disenrollment notice was issued terminating your enrollment with Medicaid Fee-For-Service as of September 30, 2015 as it was determined that you were no longer eligible to enroll in health insurance through the NY State of Health.

On October 2, 2015, you contacted the Marketplace's account review unit and appealed your disenrollment from Medicaid due to the inability to deliver mail to that address.

A notice of telephone hearing was issued on November 18, 2015 for a scheduled hearing on December 29, 2015 at 11:00 am. The hearing notice stated you would be called at the telephone number you provided the Marketplace.

On December 29, 2015, between 11:00 am and 11:30 am a Hearing Officer from the NY State of Health Appeals Unit, placed three calls to the telephone number that you have provided to the Marketplace, but was unable to reach you. The message received after each call was "the person you are calling is unavailable right now." There was no opportunity to leave a voicemail regarding the nature of the call.

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

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

**A Copy of this Decision Has Been Provided To:**

