



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Decision Date: January 8, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004929

[REDACTED]

Dear [REDACTED],

On October 1, 2015, the Marketplace received your initial application for financial assistance with your health insurance.

That same day a preliminary eligibility determination was made finding you needed to provide more information to confirm your income by October 17, 2015.

On October 15, 2015, an eligibility determination was made using the additional information you supplied the Marketplace. You were found eligible for Medicaid effective October 1, 2015.

That same day an enrollment confirmation notice was issued confirming your enrollment with your Medicaid Managed Care plan.

You then contacted the Marketplace's account review unit that same day, and appealed your eligibility determination in regards to the level of financial assistance you were deemed eligible to receive.

A notice of telephone hearing was issued on November 24, 2015, for a scheduled hearing on January 4, 2016 at 11:00 am. The hearing notice stated that you would be called at the number you provided the Marketplace.

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 January 4, 2016, 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. Each time the Hearing Officer called you the same response was provided by your phone company provider stating “the person you are trying to reach is not accepting calls at this time.”

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.

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

