



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 9, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005205

[REDACTED]

Dear [REDACTED],

On June 1, 2015, the Marketplace prepared a preliminary eligibility determination based on the information contained in your June 1, 2015 application. The preliminary determination found you eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective June 1, 2015. This preliminary determination also found that you qualified for retroactive Medicaid coverage for the treatment of emergency medical conditions only for the months of March, April and May 2015.

While an eligibility determination notice was issued by the Marketplace on June 3, 2015 formalizing the findings prepared by the June 1, 2015 preliminary determination insofar as you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective June 1, 2015, it did not make any written determination on your eligibility for retroactive Medicaid coverage for the treatment of emergency medical conditions.

You appealed these determinations insofar as you were seeking Medicaid fee-for-service coverage during the month of May 2015.

On January 8, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 3, 2016, at 11:00 a.m.

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 December 23, 2015, the Marketplace received a completed Authorized Representative Designation Form, [REDACTED], as your Authorized Representative.

On February 3, 2016, a Hearing Officer placed three calls to your designated Authorized Representative, [REDACTED], at 11:00 a.m., 11:16 a.m., and 11:30 a.m., but was unable to reach him. The Hearing Officer also placed two calls to you at the telephone number you provided to the Marketplace at 11:14 a.m. and 11:31am. Similarly, we were unable to reach you.

Since neither you nor your Authorized Representative appeared 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, you must 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 both the Appeal Identification Number and the NY State of Health Number at the top of this notice.

How to Contact the Marketplace

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You can contact the Marketplace 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 45 Code of Federal Regulations § 155.530 (b).

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

[REDACTED]

[REDACTED]

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