



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 23, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005380

[REDACTED]

Dear [REDACTED],

On December 1, 2015, you requested an appeal insofar as you claimed the Marketplace failed to timely verify the documentation you submitted in October and November 2015 and failed to timely process your Medicaid application. Thereafter, on December 17, 2015, the Marketplace issued two notices of eligibility redetermination that respectively stated: (1) You were eligible for Medicaid, effective December 1, 2015; and (2) You were eligible for retroactive Medicaid from July 1, 2015 to July 31, 2015 and September 1, 2015 to September 30, 2015.

On January 20, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 18, 2016, at 9:00 a.m.

On February 18, 2016, a Hearing Officer placed one call to the telephone number that you provided to the Marketplace at 9:00 a.m. and received a message that your telephone number was not in service at this time [REDACTED]. There being no other telephone number on your account, the Hearing Officer had no alternate means to reach you.

Since you could not be contacted, you are deemed to have not appeared for your hearing as scheduled. Therefore, we are dismissing your appeal.

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).

## **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**

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:**



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