



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: February 26, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005482

[REDACTED]

Dear [REDACTED],

On December 10, 2015, the Marketplace issued a notice of eligibility determination stating that your request for help with paying medical bills for September 1, 2015 through November 30, 2015 was denied. You appealed this determination insofar as you wanted Medicaid coverage from July 2015 through December 2015.

On January 21, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 22, 2016, at 11:00 a.m.

On February 22, 2016, a Hearing Officer placed four calls to the telephone number that you provided to the Marketplace, at 10:59 a.m., 11:00 a.m., 11:07 a.m., and 11:28 a.m., but was unable to reach you.

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 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).

## **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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