



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

NOTICE OF DISMISSAL

Notice Date: February 23, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005513

[REDACTED]

Dear [REDACTED],

On November 22, 2015, the Marketplace issued a disenrollment notice stating that your Medicaid Managed Care plan would end November 30, 2015. You appealed this determination.

On January 22, 2016 the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 19, 2016, at 10:00a.m.

A Hearing Officer called you at 10:00 a.m. and 10:15 a.m. on January 22, 2016. Your authorized representative, [REDACTED], answered the phone and stated that the appeal was pointless because your Medicaid Managed Care plan began January 1, 2016. Before the Hearing Officer could swear your authorized representative in to obtain a formal withdrawal, the telephone conversation was terminated by your authorized representative.

Since your hearing did not go forward as scheduled and your authorized representative did not cooperate with formal hearing procedures, 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, or 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 your hearing did not go forward 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

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).

Legal Authority

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

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



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