



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March, 02 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005559

[REDACTED]

Dear [REDACTED],

On December 15, 2015 your application counselor requested an appeal on your behalf disputing your eligibility for Medicaid coverage as of May 28, 2015.

On February 1, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 24, 2016, at 3:00p.m.

On February 24, 2016 at 3:10p.m., A Hearing Officer placed a call to the telephone number you provided to the Marketplace. You answered and requested that your application counselor, [REDACTED], be conferenced into the call as your Authorized Representative. The Hearing Officer placed two calls to the phone number you provided, but was unable to reach your Authorized Representative. You were then placed under oath and agreed to adjourn your hearing to February 29, 2016 at 10:00a.m in order to give you time to contact [REDACTED] and obtain the correct phone number for her.

On February 29, 2016, a Hearing Officer placed three calls to the telephone numbers that you provided to the Marketplace, at 10:00a.m., 10:15a.m., and 10:30a.m., but was unable to reach you.

Since you did not appear for your adjourned 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. If you intend on using an authorized representative please also include a telephone number that the Hearing Officer may reach them at.

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).

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).

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



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).