



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 23, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005597

[REDACTED]

[REDACTED]

Dear [REDACTED] and [REDACTED],

Due to a change in your Medicaid Managed Care (MMC) plans during November 2015, a mismatch was created on the Medicaid System, leaving a gap in coverage during December 2015. Request to correct this mismatch was filed on December 7, 2015 and December 10, 2015. You appealed the delay in the Marketplace resolving the mismatch.

Thereafter, according to your Marketplace account, your coverage under Medicaid Fee-For-Service (FFS) was restored as of December 1, 2015, subsequent to your appeal request. The Medicaid System (eMedNY) was also checked and it was noted that you had Medicaid FFS for December 2015 and were enrolled in your MMC plan beginning January 1, 2016.

On February 19, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 15, 2016, at 3:00 p.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 March 15, 2016, a Hearing Officer placed a call at 3:00 p.m. to the 800 telephone number provided for your authorized representative on the Authorized Representative Designation Form. A receptionist answered and identified that it was a law office, but that your authorized representative was not available today and would be available after 11:00 a.m. tomorrow. Therefore, your authorized representative could not be reached at the time of the scheduled hearing.

Since your authorized representative 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 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 Account ID at the top of this notice.

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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.

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

[REDACTED]

[REDACTED]

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