



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

DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: December 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004203

[REDACTED]

Dear [REDACTED],

On October 6, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 26, 2015 at 11:00 a.m.

A Hearing Officer placed three calls to the telephone number that you have provided to the Marketplace on October 26, 2015 at 11:02 a.m., 11:07 a.m., and 11:29 a.m., but was unable to reach you.

Since you did not appear for your hearing as scheduled, we dismissed your appeal, in the notice issued on October 27, 2015.

On or about November 16, 2015, you submitted a written request to vacate the dismissal of your appeal, stating that the Hearing Officer had called you three times within a two minute window between 11:27 a.m. and 11:29 a.m., during which time you were in a meeting.

A review of our records indicates that the Hearing Officer in fact first called you at 11:02 a.m., then at 11:07 a.m., and finally at 11:29 a.m. These calls were placed over the course of a half an hour and not within two minutes as you stated in your letter.

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).

Additionally, your request to vacate the dismissal of your appeal did not explain why you were not available when the Hearing Officer called within minutes of your appointment time of 11:00 a.m. and why you did not contact the Marketplace immediately when you realized you would not be able to attend the hearing (either before or after).

How does this Affect My Eligibility?

The Appeals Unit of NY State of Health will not vacate the dismissal of your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us 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:



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