



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

NOTICE OF DISMISSAL – 2nd FAILURE TO APPEAR

Notice Date: July 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005561

[REDACTED]

Dear [REDACTED],

On November 18, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were not eligible to enroll in health insurance coverage through NYSOH. You appealed this determination.

On February 2, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 25, 2016, at 3:00 PM.

On February 25, 2016, a Hearing Officer attempted to call you at the telephone number that you provided to NYSOH [REDACTED] at 3:00 PM, 3:15 PM, and 3:30 PM, but was unable to reach you. Your appeal was therefore dismissed as a failure to appear in a Notice of Dismissal dated March 1, 2016.

On March 5, 2016, you wrote a letter to NYSOH requesting that the dismissal be vacated, as you still wanted to go forward with your appeal.

On March 21, 2016, NYSOH sent you a letter informing you that the Appeals Unit had received your request for your hearing to be rescheduled. The letter informed you that the Hearing Officer had tried to reach you at the number NYSOH had on file for you, but that there seemed to be a problem with the phone number. The letter further informed you that the Appeals Unit had also tried to reach you on this same number after receiving your March 5, 2016 letter asking for another hearing, and that the calls did not go through. The 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).

directed you to contact NYSOH within 30 days to provide a working phone number.

The phone number in your NYSOH account was later updated to [REDACTED]. On June 24, 2016, NYSOH issued a Notice of Hearing to advise you that a hearing had been scheduled for July 28, 2016 at 1:00 PM, and listed the updated phone number as the number for the hearing.

On July 28, 2016, a Hearing Officer attempted to call you at the telephone number you provided to NYSOH [REDACTED] at 1:00 PM, but received a message that the number dialed was not in service.

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 NYSOH will not review your appeal at this time.

You must contact NYSOH to update your account.

It is recommended that you contact your local department of social services for assistance in obtaining health insurance.

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 of the Decision Date on this notice. In that writing, you must provide a working phone number that the Hearing Officer can use to contact you for a hearing, or provide assurances that your current phone number will be working in time for the hearing.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on 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).

If your request to vacate this dismissal is granted and your phone still is not working by the time of the rescheduled hearing, no further hearings will be scheduled with regard to this appeal.

Appeal Identification Number

When communicating with NYSOH 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.

How to Contact NYSOH

You can contact NYSOH 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.

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).