



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

DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: May 9, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005582

[REDACTED]

Dear [REDACTED],

We are in receipt of your request to vacate the second dismissal of your appeal because of your second failure to appear for your hearing as scheduled.

As you know, on February 2, 2016, NY State of Health (NYSOH) issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 24, 2016 at 10:00 a.m. You would be called at [REDACTED], the phone number that was on your account at the time the notice was sent.

A Hearing Officer placed three calls on February 24, 2016 at 10:00 a.m., 10:13 a.m., and 10:30 a.m., but was unable to reach you. Since you did not appear for your hearing as scheduled, we dismissed your appeal.

On March 10, 2016, NYSOH received your first written request to vacate the dismissal of your appeal, in which you stated that the Hearing Officer had called your old number, despite the fact that you had called in advance to change your phone number to the correct one.

Although there is nothing in NYSOH's records that would verify that any change to your account was made after the Notice of Hearing was sent to you with the phone number the Hearing Officer would be calling, the Appeals Unit granted your request to vacate the dismissal of 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).

Accordingly, on March 16, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 19, 2016 at 9:00 a.m. Although NYSOH issued the notice with your old phone number on it and you did not call NYSOH to report the inaccurate phone number, the Hearing Officer called the number you provided in your request to vacate, three times between 9:00 a.m. and 9:30 a.m., but was unable to reach you. Since you did not appear for your second hearing as scheduled, we dismissed your appeal.

On April 28, 2016 we received your request to vacate the second dismissal, in which you stated that you were feeling ill and was not able to field any phone calls that day. You did not explain why you did not call NYSOH in advance to reschedule your hearing when you fell ill and you did not provide any medical documentation or explanation to support your contention that you were so ill you could not participate in a phone call. When considered together with your prior failure to appear for a scheduled hearing, the Appeals Unit finds that you have not provided good cause to vacate the dismissal of your appeal, and your request to do so is denied.

How does this Affect My Eligibility?

The Appeals Unit of NY State of Health will not vacate the second 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

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.

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).