



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

## **NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: April 18, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005977



Dear [REDACTED],

On December 9, 2015, NY State of Health issued a notice of disenrollment, stating that your qualified health plan would end effective December 31, 2015. You appealed this determination.

On March 14, 2016, NY State of Health issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 6, 2016, at 1:00p.m.

On April 6, 2016, a Hearing Officer placed a call to you and you requested that your hearing be adjourned until April 13, 2016 at 2:00p.m.

On April 13, 2016 at 2:00p.m, a Hearing Officer placed a call to the phone number you provided, you answered and asked the Hearing Officer to hold and the phone call was then terminated. The Hearing Officer placed three more calls to your phone number, at 2:01p.m., 2:15p.m., and 2:30p.m., but each call was forwarded to your voicemail.

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 NY State of Health will not review your appeal at this time.

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 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.

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

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

## **Appeal Identification Number**

When communicating with NY State of Health 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 NY State of Health**

You can contact NY State of Health 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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