



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

NOTICE OF DISMISSAL

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006106

[REDACTED]

Dear [REDACTED],

On January 9, 2016, the NY State of Health (NYSOH) issued an enrollment confirmation notice. You appealed this determination.

On March 16, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 12, 2016, at 2:00 p.m.

On April 12, 2016, a Hearing Officer placed a call to the telephone number that you provided to NYSOH, at 2:01 p.m. You answered that call and requested the Hearing Officer to call back in 15 minutes. The Hearing Officer called you at 2:18 p.m. to hold the hearing. You answered that call, but stated that your spouse was more suited to appear on your behalf since she was more aware of the details surrounding your appeal. You requested that the Hearing Officer call back at 4:00 p.m. to give you time to contact your spouse so that you could confirm she could appear at the hearing or request an adjournment. The Hearing Officer called you at 4:00 p.m. You answered that call and requested that your spouse be contacted directly at [REDACTED] to hold the hearing. The Hearing Officer attempted to call your spouse at 4:02 p.m., but was unable to reach her.

Since your hearing did not go forward 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.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate, or 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 your hearing did not go forward as scheduled.

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.

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.

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).

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



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