



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

DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: June 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006155

[REDACTED]

Dear [REDACTED]

On April 5, 2016, NY State of Health (NYSOH) issued a Notice of Hearing to advise you that the hearing you requested was scheduled for May 4, 2016 at 11:00 a.m., and that you would be called at [REDACTED]. This is the phone number listed on your account. On April 5, 2016 a representative for NYSOH had called you and you confirmed that that number, extension "0," was the number at which you wanted to be contacted for your hearing.

A Hearing Officer placed three calls to [REDACTED] on May 4, 2016 at approximately 11:00 a.m., 11:15 a.m., and 11:30 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 May 9, 2016.

On June 6, 2016, NYSOH received a written request from [REDACTED] at Adirondack Health Institute to vacate the dismissal of your appeal. [REDACTED] stated that the Hearing Officer was supposed to have called him directly for the hearing, instead of you, so that he could represent you for the appeal. The memo stated that, "We had asked that the phone call be changed to my [REDACTED] Navigator number."

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).

However, a review of our records indicates that no written authorization has been filed in your account that would allow us to speak to [REDACTED] regarding you or your account. Hearing Officers are not allowed to discuss your account with third parties without specific, written authorization from you, so that your personal information will always be protected.

Moreover, when NYSOH called you to confirm your phone number on April 5, 2016, you stated that you wished to be called for the hearing at [REDACTED]. Therefore, that was the only number that the Hearing Officer was able to call.

Finally, it is noted that a Navigator is not allowed by NYSOH to represent an appellant during the appeals process.

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 and Account ID at the top of this notice.

How to Contact NY State of Health

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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