



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

## DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: November 10, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006257

[REDACTED]

Dear [REDACTED],

On January 15, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that a determination could not be made on your application for health insurance or financial assistance because more documentation was needed regarding your income.

On April 19, 2016, NYSOH issued a notice advising you that the hearing you requested had been scheduled for May 23, 2016.

On May 23, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 3:00p.m., 3:15p.m., and 3:30p.m., but was unable to reach you.

Therefore, on May 27, 2016, the Appeals Unit of NYSOH issued a notice, dismissing your appeal.

On June 23, 2016, the Appeals Unit received your request that the dismissal be vacated, and that you be allowed to proceed with the hearing process with accommodations for your personal circumstances.

On September 30, 2016, the Appeals Unit sent you a letter, advising you what you would need to do for the Appeals Unit would address your request to vacate the dismissal if you submitted additional documentation.

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).

To date, no response has been received.

Therefore, your request to vacate your dismissal is denied.

## **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 the Account ID 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

## **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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