



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

## NOTICE OF DISMISSAL

Notice Date: August 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006442

[REDACTED]

Dear [REDACTED],

On January 26, 2016, NY State of Health (NYSOH) issued a notice of enrollment stating that your three children were enrolled in a Catastrophic plan, effective January 1, 2016. Your broker appealed this determination.

On June 7, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 19, 2016, at 3:00p.m.

A Hearing Officer called you at 3:00p.m. on July 19, 2016. Although you answered the call, your hearing did not go forward because you were unsure of what the issue was and requested that your broker be present because he was the one that knew what happened. The Hearing Officer placed a phone call to your broker but he was not available. The Hearing Officer agreed to adjourn your hearing one time. You were advised that at your next hearing date, your case would need to proceed so all information that was needed you should have.

On July 21, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for August 11, 2016, at 9:00a.m.

A Hearing Officer called you at 9:00a.m. on August 11, 2016. Although you answered the call, your broker was not present and neither you nor your broker had contacted NYSOH to indicate that you could not go forward. The Hearing Officer asked if you wanted to proceed with your hearing and you stated that you

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had nothing to add to your prior conversation. You were advised that your appeal would need to be dismissed if you did not want to offer testimony today. You stated that was probably for the best because you had nothing to say.

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 of 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 number 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

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## **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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