



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

NOTICE OF DISMISSAL

Notice Date: June 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006655

[REDACTED]

Dear [REDACTED],

On January 31, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you and your spouse were eligible to enroll in the Essential Plan effective March 1, 2016. You appealed this determination.

On April 28, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for May 31, 2016, at 3:00 p.m.

On May 31, 2016 at 3:00 p.m. the Hearing Officer called and spoke to you. You told the Hearing Officer that you were on your way out and requested the hearing be adjourned. The Hearing Officer agreed to adjourn the hearing. You agreed to an adjourned date/time of June 15, 2016 at 3:00 p.m. The Hearing Officer made you aware that if you did not answer the phone on that day your appeal would be dismissed.

A Hearing Officer called you for the adjourned hearing at 3:00 p.m. on June 15, 2016. Although you answered the call, you stated that you were with patients. The Hearing Officer stated that you had agreed to this adjourned date and time. You told the Hearing Officer to never mind and you terminated the phone call.

Since your hearing did not go forward as scheduled, we are dismissing your appeal.

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).

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

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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