



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

NOTICE OF DISMISSAL

Notice Date: September 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007061

[REDACTED]

Dear [REDACTED]

On February 13, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were eligible to enroll in a qualified health plan at full cost, effective March 1, 2106. You appealed this determination.

On June 23, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 14, 2016, at 3:00 PM.

On July 14, 2016, according to NYSOH call records, you called at 9:05 AM to request that your hearing be postponed, as you were called in for a business meeting. Your hearing was postponed.

That same day, NYSOH issued a Notice of Hearing to advise you that your hearing was rescheduled for August 16, 2016 at 3:00 PM.

A Hearing Officer called you on August 16, 2016 at 3:00 PM and again at 3:15 PM. You answered the phone at 3:15 PM, but stated that you could not go forward because you had not received the hearing notice and were sitting in an airport. The Hearing Officer advised you that your case would be adjourned.

On August 18, 2016, NYSOH issued a Notice of Hearing to advise you that your hearing was rescheduled for September 14, 2016 at 3:00 PM.

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 Hearing Officer called you at 3:00 PM on September 14, 2016. Although you answered the call and indicated that you still wanted to move forward with your appeal, you informed the Hearing Officer that you could not proceed at that time because you had been unexpectedly called away for a work emergency, did not have your documentation with you, and would not be able to speak without interruptions.

You were advised that, as your hearing had been scheduled three times, it could not be adjourned again, and would be dismissed. You were also advised to review the Notice of Dismissal regarding your rights going forward.

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.

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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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