



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

NOTICE OF DISMISSAL

Notice Date: July 21, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007111

[REDACTED]

Dear [REDACTED],

On February 17, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were eligible to purchase a qualified health plan at full cost through the NYSOH effective April 1, 2016. You appealed this determination.

On June 3, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 18, 2016, at 3:00 p.m.

A Hearing Officer called you at 3:00 p.m. on February 17, 2016. An individual answered the call, but would not identify herself for the record. The individual stated she was teaching a class, and was not able to attend a hearing at that time. The individual asked that a number be given so she may call back at a different time. The Hearing Officer explained that this was not possible, and required the individual identify herself to ensure they were not providing protected health information to an unauthorized person. The individual again insisted on not providing any personally identifying information. The call was then ended.

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

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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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