



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

NOTICE OF DISMISSAL – HEARING REQUEST CANCELLATION

Notice Date: October 27, 2016

NY State of Health Account Number: [REDACTED]
Appeal Identification Number: AP000000008605

[REDACTED]

Dear [REDACTED]

You requested an appeal of a NY State of Health (NYSOH) determination regarding your health insurance and/or financial assistance.

Mail sent to you by NYSOH was returned as undeliverable.

On June 23, 2016, a representative from the Appeals Unit of NYSOH contacted you regarding your appeal. You indicated you still needed a hearing, gave a new phone number, and stated that you would update your address in your NYSOH account. Your address was never updated.

On multiple occasions in September and October 2016, representatives from NYSOH have tried to call you about scheduling a hearing on your appeal. However, we have been unable to reach you or leave you a message since June 2016, despite these calls.

To date, we still have not heard from you. Therefore, your request for a hearing is cancelled and your appeal is dismissed.

How this Dismissal Affects your Eligibility

The Appeals Unit of NY State of Health will not review your appeal at this time.

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: 1-877-662-4886).

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us, in writing, within 30 days after the date on this notice. In that writing, you must explain why you did not previously respond and why you think the dismissal should be vacated. You must also provide a valid address and working phone number.

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.

If You Have Questions about this Decision (Customer Service Resources):

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

Appeal Identification Number

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.530.

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A Copy of this Decision Has Been Provided To:



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