



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

NOTICE OF DISMISSAL

Notice Date: October 24, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008742

[REDACTED]

Dear [REDACTED]

On April 3, 2016, New York State of Health (NYSOH) issued an eligibility determination notice, in relevant part, that you and your children did not qualify to select a health plan outside of the open enrollment period for 2016. You requested an appeal insofar as the reinstatement of your and your children's health insurance coverage through NYSOH.

On September 21, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 19, 2016 at 1:00 pm.

On October 19, 2016, a Hearing Officer from the NYSOH Appeals Unit contacted you using the telephone number that you provided to NYSOH between 11:00 am and 11:30 am. You identified yourself as the appellant and stated that you did not want to have the hearing because of the amount of time that has passed since requesting the appeal.

Based on the foregoing, we find that you were given notice of the formal hearing in writing and at the time of your scheduled hearing was given an opportunity to be heard at the scheduled hearing, but chose not to have the hearing as scheduled.

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 NY State of Health 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 (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The 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 the Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulations 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:



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