



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

## NOTICE OF DISMISSAL

Notice Date: December 7, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000009357

[REDACTED]

Dear [REDACTED],

On March 25, 2016, New York State of Health (NYSOH) issued an eligibility determination notice stating, in relevant part, that you did not provide citizenship status documentation to confirm your eligibility. Therefore, your eligibility would end effective March 31, 2016.

On April 25, 2016, you faxed an appeal request to NYSOH insofar as the discontinuance of your health insurance through NYSOH.

On November 14, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for December 1, 2016 at 11:00 am.

On December 1, 2016, a Hearing Officer from the NYSOH Appeals Unit contacted you using the telephone number that you provided to NYSOH at the scheduled hearing time. An individual answered, refused to identify themselves for the record and stated that they were satisfied with their current health coverage through NYSOH.

Based on the foregoing, we find that you were given notice of the formal hearing in writing and were unwilling to go forward with the appeal at the scheduled time.

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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