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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: February 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013293

[redacted]

Dear [redacted]

On November 16, 2016, NY State of Health (NYSOH) issued an eligibility determination notice based on the information contained in the November 15, 2016 application, stating that you were eligible to purchase a qualified health plan at full cost, effective December 1, 2016. The notice further stated that you were not eligible for Medicaid because you did not meet the income limits or other eligibility standards for that program. The notice stated you were not eligible for a tax credit and cost-sharing reductions because you told NYSOH you don't plan on filing a federal tax return. The notice also stated your case was going to be referred to your Local Department of Social Services to determine your eligibility for Medicaid on a different basis. You appealed this determination.

On January 25, 2017, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 14, 2017, at 2:00 p.m.

On February 14, 2017, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 2:00 p.m., 2:15 p.m., and 2:30 p.m., but was unable to reach you.

Since you did not appear for your hearing 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 (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 appear for your hearing 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 Account ID 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

Legal Authority

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

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 Copy of this Notice of Dismissal Has Been Provided To:

[redacted]

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