



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

NOTICE OF DISMISSAL

Notice Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013339

[REDACTED]

Dear [REDACTED]

On November 18, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating you were eligible to purchase a qualified health plan at full cost effective January 1, 2017. 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 3:00 p.m.

A Hearing Officer called you at 3:00 p.m. on February 14, 2017. An individual answering to your name picked up the call. The person who answered the call stated they no longer required a hearing. The individual explained to the Hearing Officer that they did not feel comfortable providing identifying information, or be sworn in over the phone to formally withdraw the appeal.

Since your hearing did not go forward 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 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).

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

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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