



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

## NOTICE OF DISMISSAL

Notice Date: February 24, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013380

[REDACTED]

Dear [REDACTED]

On November 17, 2016, NY State of Health (NYSOH) issued a notice confirming your enrollment in a Qualified Health Plan at a cost of \$188.04 per month. You appealed this determination, insofar as your health insurance premium increased.

On January 27, 2017, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 16, 2017, at 2:00 p.m. A Hearing Officer called you at that time and you requested an adjournment and agreed to waive your right to 15-days written notice of the hearing. Your request was granted and your hearing was adjourned to February 22, 2017 at 9:00 a.m.

A Hearing Officer called you at 8:59 a.m. and 9:06 a.m. on February 22, 2017. Although you answered the call, you stated you wanted to withdraw the appeal and stated you were "on a train" and hung up the phone.

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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