



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013442

[REDACTED]

Dear [REDACTED]

On October 24, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your spouse was not eligible to enroll in coverage through NYSOH, effective November 1, 2016, because she did not provide documentation of her citizenship status. You appealed this determination.

On February 13, 2017, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 3, 2017, at 11:00 AM.

On March 3, 2017, a Hearing Officer called [REDACTED] an authorized representative on your account, at 11:00 AM, but was told that he was in court. The Hearing Officer then called the telephone number that appeared on the February 13, 2017 hearing notice and spoke with your spouse, who stated that she believed your attorney had postponed the hearing. However, there is no indication in your NYSOH account that a postponement was requested, nor that one was granted.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal. Should you wish to request that this dismissal be vacated, and your hearing rescheduled, please follow the instructions below.

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

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).

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:

[REDACTED]

[REDACTED]

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