



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

## NOTICE OF DISMISSAL

Notice Date: April 03, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000013561

[REDACTED]

[REDACTED]

On November 24, 2016, New York State of Health (NYSOH) issued a notice stating that your and your children's qualified health plan (QHP) would end November 30, 2016 because you were no longer eligible to enroll in that plan.

On November 28, 2016, you requested an appeal insofar as the end date your and your children's health insurance coverage.

On March 2, 2017, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH at approximately 11:00 am. Your spouse answered the telephone call, stated the reason for the appeal was moot based on the amount of time it took for the hearing to occur and terminated the telephone call.

Since you were not willing to go forward with the appeal as scheduled, we are dismissing your appeal.

### **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 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 (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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