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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 30, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013995

[redacted]

Dear [redacted]

On December 13, 2016, New York State of Health (NYSOH) rendered a preliminary eligibility determination that you were eligible to enroll in the Essential Plan with a $20.00 premium per month effective as of January 1, 2017.

Also on December 13, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the amount of financial assistance you were determined eligible to receive.

On December 14, 2016, NYSOH issued an eligibility determination notice stating, in relevant part, that you were eligible to enroll in the Essential Plan with a monthly premium of $20.00 per month effective as of January 1, 2017.

On February 27, 2017, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 27, 2017 at 2:00 pm.

On March 27, 2017, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH between 2:00 pm and 2:30 pm. However, there was no answer. Accordingly, we were unable to reach you.

Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

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).).

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 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.

A Copy of this Notice of Dismissal Has Been Provided To:

[redacted]

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