



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

DENIAL OF REQUEST TO VACATE DISMISSAL

Notice Date: March 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000016322

[REDACTED]

Dear [REDACTED]

On February 28, 2017, you appealed a notice of eligibility determination issued by NY State of Health (NYSOH) on December 8, 2015.

On March 6, 2017, NYSOH issued a Notice of Invalid Appeal Request, stating that your appeal was invalid because you had not made a valid appeal request, because the requested an appeal more than 60 days after the date on the relevant eligibility determination notice. You were advised that if you wished to amend your appeal, you had 60 days from February 17, 2017 to file any additional information.

On March 14, 2017, NYSOH received your letter dated March 13, 2017 amending your appeal.

It is noted that sixty days from December 8, 2015 fell on Saturday, February 6, 2016. Because the deadline fell on a Saturday, your response would be due on the following Monday, or February 8, 2016.

It is noted that, in general, an individual must request a hearing within 60 days of the date of the notice of eligibility determination issued by NYSOH to which they object (45 CFR § 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Therefore, your appeal of the December 8, 2015 notice of eligibility determination is untimely, and will not be considered.

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).

Your request to vacate the dismissal of your appeal is denied.

How does this Affect My Eligibility?

The Appeals Unit of NY State of Health will not vacate the dismissal of your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number and the Account ID Number at the top of this notice.

How to Contact the Marketplace

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 45 Code of Federal Regulations § 155.530.

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A Copy of this Notice Has Been Provided To:



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