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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

State Hearings Division

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GAVIN NEWSOM
GOVERNOR

Final Dismissal (Non-Hearable Issue)

May 12, 2025

RE: SHN-105121263

For a free interpretation of this letter please call 800-743-8525.

This letter is to let you know that your request for a hearing that you filed on February 09, 2025 has been dismissed.

We considered any information you may have provided about why your appeal should not be dismissed. The reason for dismissal is because it is not the type of issue that can be heard by State Hearings. The specific reason is:

The Claimant's Supplemental Rebuttal - Response to Proposed Dismissal Letter dated May 9, 2025, was reviewed and considered. Manual of Policies and Procedures (MPP) Section 22-078.31 provides that there is no right to a state hearing if the request for hearing is based solely on a compliance issue. The claimant's request for hearing and response letter dated May 9, 2025, state that the issue on appeal is solely one of compliance. The administrative dismissal is upheld.

IF YOU DISAGREE WITH THIS DISMISSAL ACTION

If you disagree with this dismissal action, you can appeal in one of two ways, depending on the type of case. See below for information on how to appeal. You may wish to call your local Legal Aid office. They may be able to help with your appeal. A list of Legal Aid organizations is on the State Hearings website. You may also call 411 and ask for the phone number of your local free Legal Aid organization.

Review of Covered California Dismissal Actions

If you disagree with the dismissal of your Covered California case, you may appeal in writing to Health Insurance Marketplace. This includes:

- any decision regarding Covered California Health Plan eligibility and enrollment
- Advanced Payments of Premium Tax Credits
- Cost Sharing Reductions

You must do this within 30 calendar days after you get the decision. Your appeal may still be reviewed after 30 calendar days if you have a good reason for sending it in late. Explain the reason for the late appeal.

Send this request to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061.

You can also fax in your appeal request. Include any copies of documents you think help your case.
Fax to: 1-877-369-0130.

You have a right to get free help and information about your Covered California appeal.

Call 1-800-318-2596 for help in your language.

Court Review of all other Dismissal Actions (except Covered California)

For all other types of cases, you can appeal the dismissal by going to court. You must ask for court review within one year of the date you got the dismissal letter. To ask for court review, you must file a "petition" in Superior Court. The law about this is found at California Code of Civil Procedure section 1094.5. You will not have to pay court filing fees. If you win in court, and had a lawyer represent you, you may be able to get reasonable attorney's fees and costs.

STATE HEARINGS DIVISION

CC:

Sacramento County