



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

## NOTICE OF DISMISSAL – 2<sup>nd</sup> FAILURE TO APPEAR

Notice Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005769

[REDACTED]

Dear [REDACTED],

On December 22, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your children were eligible to enroll in Child Health Plus coverage, effective February 1, 2016. You appealed this determination.

On February 29, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for March 29, 2016 at 1:00 PM.

On March 29, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 1:00 PM, 1:05 PM, and 1:30 PM, but was unable to reach you. Due to your failure to appear, your appeal was subsequently dismissed in a notice dated April 1, 2016.

On April 25, 2016, NYSOH received a letter from you requesting that the dismissal be vacated and your hearing rescheduled because you were at a "job required training" on the date of your hearing.

On May 6, 2016, NYSOH issued a second Notice of Hearing to advise you that the hearing you requested was now scheduled for May 25, 2016, at 1:00 PM.

On May 25, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 1:00 PM, 1:15 PM, and 1:30 PM, but was unable to reach you.

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).

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

### **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 of 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.

**Please note that any request to vacate this dismissal will be reviewed with increased scrutiny, as this is a second failure to appear after being notified in writing of the time and date of your hearing.**

### **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

## **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:**



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