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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 12, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000006121

[redacted]

Dear [redacted],

On January 8, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your two children were eligible for Child Health Plus coverage, effective February 1, 2016. You appealed this determination.

On March 18, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for April 15, 2016, at 2:00 PM.

On April 15, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH at 2:00 PM, 2:15 PM, 2:30 PM, but was unable to reach you. Therefore, on April 19, 2016, NYSOH issued a notice of dismissal for your failure to appear.

On May 9, 2016, NYSOH received a written request from you asking that the dismissal be vacated and providing a different phone number – [redacted] to be contacted on.

On May 26, 2016, NYSOH issued a Notice of Hearing to advise you that your hearing was now scheduled for July 7, 2016 at 2:00 PM.

On July 7, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, [redacted], at 2:00 PM, 2:15 PM and 2:30 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 did not appear for your hearing as scheduled, we are dismissing your appeal.

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.

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

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).

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations § 155.530.

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

[redacted]

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).