



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

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 31, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006483

[REDACTED]

Dear [REDACTED],

On January 20, 2016, NY State of Health (NYSOH) issued a notice of enrollment confirmation, stating you were enrolled in your Medicaid Managed Care plan coverage with an enrollment start date of March 1, 2016. You appealed this notice.

On April 19, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for May 25, 2016, at 10:00 AM.

On May 25, 2016, a Hearing Officer placed a call to the telephone number that you provided to NYSOH, at 10:00 AM and 10:15 AM. You answered the call at 10:15 AM and indicated that you might like to proceed, but that you wanted your application counselor to act as your authorized representative, and that you wanted her to proceed in your place, as you were at work. The Hearing Officer attempted to conference in your application counselor, but reached her voicemail. After having you confirm that you wanted the application counselor to act on your behalf, and that you did not intend to be present for the hearing, the Hearing Officer directed to you to notify your application counselor that she would be receiving a call from the Hearing Officer at 10:33 AM to conduct the hearing. At 10:33 AM, the Hearing Officer attempt to reach your application counselor, but again reached her voicemail.

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 go forward with 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.

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



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