



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: June 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006682

[REDACTED]

Dear [REDACTED],

On January 6, 2016, NY State of Health (NYSOH) issued an enrollment confirmation notice stating your child's coverage in his Child Health Plus plan would begin February 1, 2016. You appealed this notice.

On May 3, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for June 17, 2016, at 1:00 p.m.

On June 17, 2016, a Hearing Officer placed a call to the number you provided for your hearing. Your spouse answered and identified herself for the record. She stated you were not available for the day. She further explained that she was unsure if you still required a telephone hearing at this time as you had submitted the necessary paperwork for any reimbursement of your child's coverage under Medicaid and believed there was no further medical costs you were being billed for at this time. The Hearing Officer explained that since there was a notice of hearing sent for this exact date and time, and a call was made on May 3, 2016 asking if you still required a telephone hearing, there would be no adjournments made for this case.

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

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).

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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