



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: July 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007221

[REDACTED]

Dear [REDACTED],

On December 22, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your spouse [REDACTED], was eligible to enroll in the Essential Plan effective January 1, 2016. He was determined no longer eligible to qualify for Medicaid as of December 31, 2015. You appealed this determination.

On June 15, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for July 27, 2016, at 9:00 a.m.

On July 27, 2016, a Hearing Officer placed three calls to the telephone number that you provided to NYSOH, at 9:00 a.m. with the aid of [REDACTED] Interpreter # [REDACTED]. Your spouse [REDACTED] answered and identified himself for the record. Your spouse was asked if he still required an appeal hearing, he answered that he was satisfied with his current health coverage. He stated you were not available as you were out of state. Your spouse terminated the first call, and the Hearing Officer called him back. Your spouse answered and stated he was not sure what the hearing was in regards too. Your spouse would not be sworn in and asked if the hearing was still necessary or whether his wife had asked for the hearing. The Hearing Officer explained that you had asked for the appeal hearing. Your spouse then terminated the call a second time.

Since you did not appear for your hearing as scheduled, and your spouse did not indicate he wished to continue with the appeal process, 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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