



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

## NOTICE OF DISMISSAL

Notice Date: August 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007598

[REDACTED]

Dear [REDACTED],

On February 25, 2016, NY State of Health (NYSOH) issued a notice of enrollment, stating that your enrollment in your Medicaid Managed Care plan was effective as of April 1, 2016. You appealed this determination.

On July 26, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for August 11, 2016, at 1:00p.m.

A Hearing Officer called you at 1:00p.m. on August 11, 2016. Although you answered the call, you would not confirm with the Hearing Officer whether or not you wanted to proceed with your appeal and the Hearing Officer was unable to swear you in to conduct the hearing. The Hearing Officer tried to confirm what you wanted to do but the call was dropped. The Hearing Officer attempted to return the call two times and was unable to reach you.

Since your hearing did not go forward 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 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).

## **If You Think Your Appeal Should Not Be Dismissed**

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us, in writing, within 30 of the date on this notice. In that writing, you must explain why your hearing did not go forward 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 NY State of Health number 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.

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).

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



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).