



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: October 05, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008468

[REDACTED]

Dear [REDACTED]

On March 31, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your four children were eligible to enroll in Child Health Plus for a cost of \$9.00 each per month, effective May 1, 2016. You appealed this determination.

On August 31, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for September 29, 2016, at 3:00 p.m.

On September 29, 2016, at 3:00 p.m. a Hearing Officer placed a call to the number on your notice of hearing. Your spouse answered and identified himself for the record. Your spouse stated you were not available for the hearing, that you had to bring your child to the hospital and could not take the call. He explained you would be the individual to speak with regarding the matter, as you initiated the appeal. The Hearing Officer granted an adjournment to October 3, 2016 at 10:00 a.m.

On October 3, 2016 at 10:00 a.m. a Hearing Officer placed two calls to the number you provided NYSOH. On the third call your spouse answered and stated you were not available for the call as you were sleeping.

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 after 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

Legal Authority

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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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