



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

NOTICE OF DISMISSAL

Notice Date: November 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008766
and AP000000008991

[REDACTED]

Dear [REDACTED]

On March 24, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your adult son was eligible for the Essential Plan, effective May 1, 2016. You appealed this determination on two separate occasions and were given two appeal identification numbers. The two appeals regarded the same issue and, therefore, were scheduled to be heard on the same hearing day.

On September 20, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 17, 2016, at 10:00 a.m. A Hearing Officer called you at that time. Although you answered the phone, you stated you were unprepared and requested an adjournment so that you could have time to upload evidence to your NYSOH account. The Hearing Officer granted that request and upon your waiver of 15day notice of the hearing, your hearing was rescheduled for October 24, 2016 at 10:00 a.m.

On October 24, 2016, a Hearing Officer called you at 10:00 a.m. Although, you answered the phone at that time you stated you were still unprepared for the hearing and had not yet been able to submit the documentation you wanted to upload as evidence to your NYSOH account. A Supervising Hearing Officer granted you another adjournment and your hearing was rescheduled to November 14, 2016 at 1:00 p.m.

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).

On October 25, 2016 and October 28, 2016, NYSOH issued Notices of Hearing to advise you that the rescheduled hearing would be held on November 14, 2016, at 1:00 p.m. The Hearing Officer called you at 1:01 p.m. on November 14, 2016. You answered the phone and stated you were still unable to procure the evidence you wanted to submit. You requested that the Hearing Officer give you other options. The Hearing Officer placed you on a brief hold to see if other options were available and you disconnected the call. The Hearing Officer called that same number back at 1:04 p.m. on November 14, 2016, but 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 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.

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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.

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



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