



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

NOTICE OF DISMISSAL

Notice Date: November 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009002

[REDACTED]

Dear [REDACTED]

On April 12, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only. You appealed that determination.

On October 13, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for October 31, 2016, at 9:00 am.

A Hearing Officer called you at 9:00 am and again at 9:15 am on October 31, 2016. Although you answered the call at 9:15 am, you indicated that you no longer require a hearing and did not wish to proceed, however, before you could formally withdraw the request for a hearing, the phone call was disconnected.

At 9:20 am, the Hearing Officer attempted one final time to call you, however, you did not answer.

Since your hearing did not go forward as scheduled, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter 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: 1-877-662-4886).

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 days after the date on this notice.

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 reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

You can contact us 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 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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