



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

NOTICE OF DISMISSAL

Notice Date: November 07, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009042

[REDACTED]

Dear [REDACTED]

On April 21, 2016, NY State of Health (NYSOH) issued a notice of enrollment, stating that your Medicaid Managed Care (MMC) plan coverage would begin as of June 1, 2016. You appealed this notification.

On October 18, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 3, 2016, at 10:00 a.m.

A Hearing Officer called you at 10:00 a.m. and 10:13 p.m. on November 3, 2016. On the second call attempt, your mother, [REDACTED], answered the call and stated that while you were not available, the appeal was no longer necessary since you were now satisfied that your MMC plan coverage began as of June 1, 2016. The Hearing Officer requested to speak to your son in order to take his testimony for a formal withdrawal. Your mother again responded that you were not available, and that you do not like to talk on the phone in any event since it makes you upset. She requested that the appeal be cancelled. Accordingly, we could not 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.

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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