



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

NOTICE OF DISMISSAL

Notice Date: November 10, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009141

[REDACTED]

Dear [REDACTED]

On April 26, 2016, NY State of Health (NYSOH) issued an enrollment notice, stating that Medicaid Managed Care (MMC) plan coverage for you and your daughter would begin effective June 1, 2016. You appealed insofar as you were seeking the MMC plan coverage to begin no later than April 1, 2016.

On October 20, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 8, 2016, at 10:00 a.m.

A Hearing Officer called you at 10:00 a.m. on November 8, 2016. You answered the call, and stated that you no longer wanted to proceed with the appeal since it was no longer necessary. The Hearing Officer requested to swear you in to accept your testimony for a formal withdrawal of your appeal. You stated that you did not want to provide sworn testimony and preferred that the appeal just be cancelled.

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).