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: AP000000010005

[redacted]

Dear [redacted]

On June 4, 2016, New York State of Health (NYSOH) issued an enrollment notice confirming that as of May 31, 2016, your children were enrolled in a Child Health Plus plan, with a plan enrollment state of July 1, 2016. You requested an appeal insofar as the start date of that plan.

On October 25, 2016, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 10, 2016 at 11:00 am.

On November 10, 2016, a Hearing Officer from the NYSOH Appeals Unit attempted to contact you using the telephone number that you provided to NYSOH. Your spouse answered, stated that they were unaware of the hearing and requested that the hearing be rescheduled. The hearing was adjourned until November 14, 2016 at 1:00 pm, and your spouse waived formal notice of hearing.

On November 14, 2016, the same Hearing Officer contacted attempted to contact you using the telephone number that you provided to NYSOH. Your spouse answered and terminated the telephone call.

Based on the foregoing, we find that you were given proper notice of the hearing and was given an opportunity to be heard at the scheduled hearing, but chose not to have the hearing as scheduled.

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 review your appeal at this time.

This dismissal will not affect any determinations made after the appeal request.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, NYSOH's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by NYSOH.

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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

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