



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

**NOTICE OF DISMISSAL – FAILURE TO APPEAR**

Notice Date: January 31, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012392

[REDACTED]

[REDACTED]

On October 5, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that your child was eligible for Medicaid for July 1, 2016 through July 31, 2016. You appealed this determination.

On January 2, 2017, NYSOH issued a Notice of Hearing to advise you that the hearing you requested was scheduled for January 27, 2017, at 2:00 pm.

On January 27, 2017, a Hearing Officer attempted to call you at the telephone number that you provided to NYSOH at 2:00 pm, but you were not available at the phone number you provided [REDACTED]. A Hearing Officer attempted to call you at an alternate telephone number that you provided to NYSOH at 2:02 pm, but the alternate phone number you provided [REDACTED] was not in service. A Hearing Officer attempted to call you at another alternate telephone number that you provided to NYSOH at 2:03 pm and 2:15 pm, but an individual answered and advised that the alternate phone number you provided [REDACTED], was a wrong number. Please contact NYSOH immediately and update your account.

Since you did not appear for your hearing 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 (cancel) this dismissal. You must ask us, in writing, within 30 days of the Decision Date on this notice. In that writing, you must provide a working phone number that the Hearing Officer can use to contact you for a hearing, or provide assurances that your current phone number will be working in time for the hearing.

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.

If your request to vacate this dismissal is granted and your phone still is not working by the time of the rescheduled hearing, no further hearings will be scheduled with regard to this 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 Account ID 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

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).

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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