



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

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013458

[REDACTED]

Dear [REDACTED]

On September 18, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination, stating your children were eligible to enroll in Child Health Plus, effective December 1, 2016. You appealed this determination.

On January 30, 2017, NYSOH issued a Notice of Hearing to advise you the hearing you requested was scheduled for February 28, 2017, at 10:00 a.m. A Hearing Officer called you on this date and time wherein you indicated you were unable to proceed with the hearing and requested an adjournment. An adjournment was granted and the hearing was rescheduled to March 7, 2017 at 10:00 a.m. You were advised the Hearing Office would place three calls to the telephone number provided on the date of the adjourned hearing and the appeal would be dismissed if the call was not answered by the third attempt.

On the date of the adjourned hearing, March 7, 2017, a Hearing Officer placed three calls to the telephone number you provided to NYSOH, [REDACTED], at 10:00 a.m., 10:15 a.m., and 10:30 a.m., but all calls were unanswered. Additionally, the Hearing Officer was unable to leave a voicemail as the mailbox was full.

Since you did not appear for your adjourned hearing, we are dismissing your appeal.

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).

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 after the date on this notice. In that writing, you must explain why you did not appear for your hearing 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 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
Albany, NY 12211
- By fax: 1-855-900-5557

Legal Authority

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).

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).