



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 25, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001276

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 25, 2014, the Marketplace issued an eligibility determination that found you eligible to receive up to \$253.00 per month in advance premium tax credit, effective February 1, 2015.

You requested an appeal of this determination because you felt you were eligible for Medicaid continuous coverage until February 28, 2015.

On March 23, 2015, you called the New York State of Health's Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and stated that you were satisfied with your current eligibility status and were no longer interested in pursuing the appeal of the December 25, 2014 eligibility determination.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

### How does this Dismissal Affect Your Eligibility?

The eligibility determination issued on December 25, 2014 will not be reviewed by the Appeals Unit. Your withdrawal will not affect any determination issued after the December 25, 2014 eligibility determination.

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).

## **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.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this notice.

## **How to Contact the Marketplace**

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

## **Legal Authority**

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

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**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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