



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 5, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001377

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 23, 2014, the Marketplace issued a notice of eligibility redetermination based on your updated application. It said, in part, that your wife's health insurance under Medicaid would begin on February 1, 2015.

On January 7, 2015, you appealed the eligibility redetermination insofar as it relates to your wife's start date of enrollment.

The Marketplace scheduled a telephone hearing based on your appeal request and on January 26, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on February 12, 2015 at about 11:00 a.m.

On February 12, 2015, the Hearing Officer contacted you to conduct the telephone hearing. Through sworn testimony, you identified yourself and indicated that you wished to withdraw your appeal because, as of February 1, 2015, your wife had health coverage and there was no longer a need for her to have health coverage in January 2015.

You further testified you understand that in withdrawing your appeal, the Marketplace's December 23, 2014 notice of eligibility redetermination continues in effect.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

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).

## **How does this Dismissal Affect Your Eligibility?**

The Marketplace's December 23, 2014 notice of eligibility redetermination continues in effect.

## **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. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the 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(a)(1)(i)(B).

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

[REDACTED]  
[REDACTED]  
[REDACTED]