



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 26, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001820

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 15, 2015, the Marketplace issued a notice to you that your insurance through New York State of Health was terminated effective February 28, 2015.

On February 18, 2015, you requested an appeal regarding the termination of your insurance, and the resulting gap in coverage.

On March 24, 2015, you called 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 been provided with coverage, that there was no longer a gap in coverage, and that you were therefore no longer interested in pursuing an appeal of the February 15, 2015 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?

Your coverage in your Medicaid Managed Care plan was not terminated on February 28, 2015, and continued into March. Your withdrawal of your appeal will not affect that coverage. Your withdrawal will also not affect any determination issued after the February 15, 2015 notice.

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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