



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 31, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001950

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 5, 2015, the Marketplace issued an eligibility determination stating that you were eligible to receive advance premium tax credits to offset the cost of obtaining health insurance through the Marketplace.

That same day, you requested an appeal regarding your eligibility for Medicaid.

On March 27, 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 the call and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because you had subsequently been determined eligible for Medicaid, effective March 1, 2015. You stated that you understood that by withdrawing your appeal, there would be no further review of the March 5, 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?**

You remain eligible for Medicaid effective March 1, 2015. This dismissal will have no effect on any determination issued after March 5, 2015.

## **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

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).

## **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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