



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003108

[REDACTED]

Dear [REDACTED],

On May 27, 2015, the Marketplace issued a notice of eligibility determination that your child was newly eligible to receive advance premium tax credits and cost sharing reductions, effective July 1, 2015. You appealed this determination.

On June 10, 2015, the Marketplace issued a notice of eligibility determination stating that your child was eligible for Medicaid effective June 1, 2015.

On July 31, 2015, a Hearing Officer from the Appeals Unit of New York State of Health contacted you to conduct a telephone hearing at 3:00 p.m. as scheduled. You were placed under oath and identified yourself for the record.

While under oath, you stated that you were no longer interested in pursuing your appeal because you were satisfied with the June 10, 2015 eligibility redetermination finding your child eligible for Medicaid effective June 1, 2015.

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

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

The Appeals Unit of NY State of Health will not be reviewing this matter. Your child's eligibility for and enrollment in Medicaid remains in effect.

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:

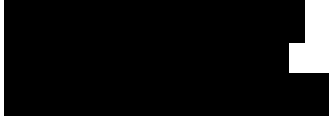
- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Legal Authority**

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

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



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