



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: October 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003257

[REDACTED]

Dear [REDACTED],

On June 3, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible to enroll in a qualified health plan at full cost, effective July 1, 2015. An appeal was initiated regarding this determination.

On June 10 and 12, 2015, the Marketplace issued notices of eligibility redetermination stating that you were conditionally eligible for Medicaid, effective June 1, 2015.

On September 15, 2015, a Hearing Officer called you for the hearing that was requested, and placed you under oath.

While under oath, you identified yourself and stated that you were not interested in pursuing your appeal because you had not requested a hearing, and were satisfied with your current eligibility determination.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (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 and your eligibility determination, issued on June 12, 2015, remains 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, 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.

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).

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



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