



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003494

[REDACTED]

Dear [REDACTED],

On June 16, 2015, the marketplace issued a disenrollment notice that your and your spouse's coverage in a silver-level qualified health plan will end effective June 30, 2015. On June 17, 2015, the Marketplace issued a notice of eligibility determination that you remain eligible for Medicaid effective June 1, 2015 and your spouse was eligible to receive advance premium tax credits and cost sharing reductions effective July 1, 2015. You appealed both the June 16, 2015 disenrollment notice and the June 17, 2015 notice of eligibility redetermination.

On August 21, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you 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 and your spouse had continuous coverage with your silver-level qualified health plan, which was confirmed on your Marketplace account as effective July 1, 2015.

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 at this time.

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.

A Copy of this Notice of Dismissal Has Been Provided To

