



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: September 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003631

[REDACTED]

Dear [REDACTED],

On May 6, 2015, the Marketplace issued a disenrollment notice stating that your Medicaid Fee-For-Service coverage will be discontinued as of May 31, 2015.

On June 23, 2015, you spoke to the Marketplace Account Review Unit and appealed this disenrollment.

On August 12, 2015, you faxed a signed statement to the Marketplace stating that the issue has been resolved and requested to cancel your September 9, 2015 hearing.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

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 ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

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



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