



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: September 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003705



Dear [REDACTED],

On June 13, 2015, the Marketplace issued an eligibility determination notice that you are not eligible for financial assistance or cannot enroll in a qualified health plan at full cost through the Marketplace. The notice stated that you did not provide the information regarding your incarceration status to confirm your eligibility. The notice states that your eligibility will end effective June 30, 2015.

On June 13, 2015 the Marketplace issued a disenrollment notice that your Healthfirst coverage will end effective June 30, 2015.

On June 29, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the discontinuance of your Medicaid benefits.

On September 23, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony.

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 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).

This dismissal will not affect any determinations made after the appeal request.

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 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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