



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: September 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003766

[REDACTED]

Dear [REDACTED],

On June 23, 2015, the Marketplace issued a notice of eligibility redetermination that in relevant part stated your spouse remained eligible for Medicaid, effective June 1, 2015. On June 26, 2015, the Marketplace issued an enrollment notice confirming your spouse's selection of a Medicaid Managed Care (MMC) plan with an effective date of August 1, 2015. You appealed the enrollment start date of your spouse's MMC plan.

On September 21, 2015, a Hearing Officer from the Appeals Unit of NY State of Health contacted you to conduct a formal hearing and you were placed under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the month of July 2015, in which you wanted your spouse's coverage in an MMC to begin, had passed and you had not incurred any medical bills during that month.

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. Your spouse's eligibility for Medicaid and enrollment in an MC plan effective August 1, 2105, 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.

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

