



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003888

[REDACTED]

Dear [REDACTED],

On July 15, 2015, the Marketplace issued a notice of eligibility determination that, in relevant part, stated you and your spouse were conditionally eligible to receive advance premium tax credits, effective August 1, 2015. You appealed this determination relative to your spouse.

Also, on July 15, 2015, the Marketplace issued a disenrollment notice that your spouse's coverage under Medicaid Fee-For-Service will be discontinued as of July 31, 2015. You also appealed your spouse's disenrollment from that coverage.

On July 30, 2015, the Marketplace granted your request for your spouse to have aid to continue under Medicaid from August 1, 2015 to October 31, 2015 pending the outcome of your appeal.

On September 23, 2015, a Hearing Officer from the Appeals Unit of NY State of Health contacted you by telephone to conduct the formal hearing and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the Marketplace had resolved your spouse's coverage issue in that she had been granted aid to continue under Medicaid until October 31, 2015 and her Medicaid coverage was to take effective thereafter on November 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).

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).

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

The dismissal of your appeal does not affect your spouse's aid to continue under Medicaid through October 31, 2015 or her health coverage through Medicaid, effective November 1, 2015.

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.

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A Copy of this Notice of Dismissal Has Been Provided To

