



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004304

[REDACTED]

Dear [REDACTED],

On August 1, 2015, the Marketplace received your application for financial assistance.

That same day an eligibility determination was made finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$279.00 per month effective September 1, 2015.

On August 2, 2015, a disenrollment notice was issued stating that your coverage under Health Insurance Plan of Greater New York would end effective August 31, 2015.

On August 12, 2015, you requested a telephone hearing in order to dispute the August 1, 2015 eligibility determination finding you eligible for advance premium tax credits and cost sharing reductions. You believed that your Medicaid managed care plan should be continuous without any gaps in coverage until February of 2016.

On October 26, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for November 16, 2015 at 3:00 p.m.

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: 1-877-622-4886).

On November 12, 2015, the Marketplace received a hand written letter from you dated November 7, 2015 which states that you would like to cancel your appeal with Marketplace number AP000000004304.

Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a).

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:

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: 1-877-622-4886).

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



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