



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: December 29, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004624

[REDACTED]

Dear [REDACTED],

On March 7, 2015, the Marketplace redetermined your eligibility based upon your updated application for health insurance. The determination found you conditionally eligible for Medicaid effective March 1, 2015. You were asked to provide documents confirming your citizenship status by June 5, 2015 or risk being disenrolled from your current health plan.

On July 19, 2015, a disenrollment notice was issued termination your coverage under your health plan effective July 31, 2015.

Also on September 4, 2015, you contacted the Marketplace's account review unit and requested a telephone hearing in order to appeal the disenrollment from your health plan effective July 31, 2015.

On December 22, 2015, at 2:00 pm a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. While under oath you stated that you since have been enrolled into a Medicaid Managed care plan which you are satisfied with and no longer required a hearing to dispute your previous disenrollment.

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.

## **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

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## **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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