



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: February 2, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005241

[REDACTED]

Dear [REDACTED],

On October 22, 2015, the Marketplace issued an annual renewal notice stating that you qualified for health care coverage under Medicaid. You appealed this determination.

On December 18, 2015, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for January 29, 2016 at 9:00a.m.

On December 20, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to enroll in the Essential Plan, effective January 1, 2016.

On January 11, 2016, you submitted a written withdrawal to the Marketplace requesting to cancel your telephone hearing because your issue has been resolved.

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:
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.

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).

A Copy of this Notice of Dismissal Has Been Provided To



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