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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 26, 2016

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000005381

[redacted]

Dear [redacted],

On December 1, 2015, the Marketplace received your updated application for financial assistance with your health insurance.

That same day a preliminary eligibility determination was made finding you no longer eligible for Medicaid. However, you would continue to receive coverage because certain individuals determined eligible for Medicaid remain eligible for twelve months from the date they were determined eligible.

Additionally on that day you contacted the Marketplace's Account Review Unit and appealed that eligibility determination insofar as it found you eligible for continuous coverage Medicaid. You were seeking an advance premium tax credit and the ability to enroll in a qualified health plan.

On February 17, 2016, at 10:00 am a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. You stated that you no longer required an appeal hearing as you had received a subsequent determination finding you eligible to receive advance premium tax credits and cost sharing reductions and allowed to enroll in a qualified health plan.

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.

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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