



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 1, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005505

[REDACTED]

Dear [REDACTED],

On December 9, 2015, the Marketplace issued a notice of eligibility determination, stating that you are no longer eligible for Medicaid. However, Medicaid coverage would continue until October 31, 2016. You appealed this determination.

On February 24, 2016, at 2:09 pm, a Hearing Officer from the Appeals Unit of NY State of Health called you and your spouse identified himself for the record. Your spouse is a designated representative with an authorized representative form on file with NY State of Health. He stated that you were not available and that you were no longer interested in pursuing your appeal because you had received a recent determination finding that you were eligible to enroll in a qualified health plan through the Marketplace, and were no longer enrolled in Medicaid.

Your spouse who is your authorized representative 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 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).

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



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