



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006323



Dear [REDACTED],

On January 20, 2016, the New York State of Health (NYSOH) issued an eligibility determination stating that you are conditionally eligible for up to \$325.00 of advance premium tax credits and cost-sharing reductions, effective as of March 1, 2016. The notice directed you to confirm your immigration status by providing documentation before April 18, 2016. An appeal request was made on your behalf regarding NYSOH's January 20, 2016 eligibility determination.

On January 23, 2016, NYSOH issued an eligibility determination that you are eligible for Medicaid, effective as of January 1, 2016.

On May 10, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

This dismissal will not affect any determinations made after the appeal request.

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

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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