



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012092

[REDACTED]

On September 21, 2016, NY State of Health (NYSOH) issued a notice of enrollment confirmation, stating that you and your spouse were enrolled in Essential Plans and your child was enrolled in a Child Health Plus plan, all effective November 1, 2016. You appealed that determination.

On January 19, 2017, a Hearing Officer from the Appeals Unit of NY State of Health called the telephone number listed on the Notice of Telephone Hearing with a Russian interpreter and spoke with your spouse wherein he indicated that he was representing you at the hearing and that he did not require the aid of an interpreter. Therein the interpreter was dismissed and your spouse was placed under oath.

While under oath, your spouse identified himself and stated that he was no longer interested in pursuing the appeal because several months have passed since the appeal was request, the family has obtained satisfactory insurance and therefore, he saw no point in pursuing the appeal at this time.

He therefore withdrew the appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 Code of Federal Regulations (CFR) § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

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).

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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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