



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

Notice of Dismissal – Written Withdrawal

Notice Date: August 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000637

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 1, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 4, 2014 eligibility determination finding you eligible for Medicaid. On May 12, 2014, the Marketplace issued an eligibility redetermination that said you remained eligible for Medicaid and asked you to select an insurance plan.

On May 13, 2014, the Marketplace's Customer Service contacted you to discuss your request for an exemption from Medicaid Managed Care.

On June 17, 2014, and again on July 1, 2014, you submitted a written withdrawal to the Marketplace's Appeals Unit.

Accordingly, we are dismissing your case.

How does this Dismissal Affect Your Eligibility?

The Marketplace's March 4, 2014 eligibility determination, as redetermined on May 12, 2014, is AFFIRMED and remains in effect.

If You Think Your Appeal Should Not Be Dismissed

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).

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 the 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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]