



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

NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: November 18, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000854

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 7, 2014, the Marketplace received your initial application for health insurance.

On July 8, 2014, the Marketplace issued an eligibility determination stating that you remain eligible for Medicaid coverage until June 30, 2015. You also received a notice stating that your insurance coverage through Medicaid will begin July 1, 2014 and enrollment with MVIP Health Plan, Inc. will begin August 1, 2014.

On August 20, 2014, you spoke to the Marketplace Customer Service Unit and filed an appeal.

On September 9, 2014, you reapplied for health insurance through the Marketplace.

On September 10, 2014, the Marketplace issued a notice of eligibility determination stating that you remain eligible for Medicaid. The notice also states that your insurance coverage through Medicaid will begin September 1, 2014 and enrollment with MVIP Health Plan, Inc. will begin August 1, 2014.

On September 29, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you were satisfied with the September 10, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

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).

How does this Dismissal Affect My Eligibility?

The Marketplace's September 10, 2014 eligibility determination notice remains in effect.

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 AP000000000854.

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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This Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]