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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: December 2, 2014

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001044

[redacted]

Dear [redacted],

On September 30, 2014, you submitted a written appeal request regarding the September 11, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you were eligible for Medicaid but because you had comprehensive Third Party Health Insurance, you were not eligible to enroll in a Medicaid Managed Care plan.

On August 5, 2014, and again on September 30, 2014, you submitted proof that your Third Party Health insurance was terminated on April 4, 2014.

On October 8, 2014, your eligibility was rerun and a preliminary eligibility determination was prepared. The preliminary eligibility determination stated that you were eligible for Medicaid. On October 11, 2014, you were able to enroll in a Medicaid Managed Care plan through the Marketplace with coverage starting November 1, 2014.

On October 31, 2014, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. At the hearing, you testified through sworn testimony that you were satisfied with the preliminary eligibility determination from October 8, 2014, and you wished to verbally withdraw your appeal over the telephone.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect My Eligibility?

Your appeal of your September 11, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The October 8, 2014 preliminary eligibility determination finding you eligible for Medicaid, and able to enroll in a Managed Care Plan, 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 AP000000001044.

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.

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).

This Notice Has Been Provided To

[redacted]

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