



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: November 28, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001054

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On September 3, 2014, the Marketplace received your application for health insurance. The Marketplace generated a preliminary eligibility determination stating that in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application is accurate. You also uploaded documentation to the Marketplace regarding your citizenship status.

On September 4, 2014, the Marketplace issued an eligibility determination notice stating that you were conditionally eligible for Medicaid. The notice stated that additional information regarding your citizenship status was needed to confirm your eligibility.

On September 5, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid and that your coverage through Medicaid will begin September 1, 2014. The notice also states that because you had comprehensive Third Party Health Insurance (TPHI), you could not be enrolled in Medicaid Managed Care.

On October 1, 2014, you submitted a document to the Marketplace stating that your TPHI coverage ended effective August 31, 2014.

On October 21, 2014, you spoke to the Marketplace Customer Service Unit and submitted an appeal request.

On November 5, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Translation services were provided by Spanish. 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).

Interpreter [REDACTED]. At the hearing you confirmed that you were satisfied with the September 5, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

## **How does this Dismissal Affect My Eligibility?**

The Marketplace's September 5, 2014 eligibility determination notice continues unchanged insofar as you are eligible for Medicaid and is now final.

## **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 AP000000001054.

## **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]