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

NOTICE OF DISMISSAL - WRITTEN WITHDRAWAL

Notice Date: December 2, 2014

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001056

[redacted]
[redacted]
[redacted]

Dear [redacted],

You submitted a revised application for health insurance through the New York State of Health Marketplace on September 26, 2014. On September 27, 2014, an eligibility determination notice was issued. That notice stated that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only.

On October 4, 2014, you wrote to the Marketplace, requesting a telephone hearing to review your eligibility for full Medicaid benefits.

On October 27, 2014, your application for health insurance was revised and a preliminary eligibility determination was rendered. The preliminary eligibility determination stated that you were temporarily eligible for Medicaid. You had until January 26, 2015 to submit documents to verify your immigration status.

On October 29, 2014, a notice of telephone hearing was mailed to you informing you that a telephone hearing for your appeal on your application for health insurance was scheduled for November 13, 2014 at 10:00 a.m.

On November 5, 2014, you faxed a written withdrawal to the Marketplace; the withdrawal was uploaded to your account on November 12, 2014. The withdrawal stated that you withdrew your appeal because your immigration status had been addressed by the Marketplace and you were given health coverage effective December 1, 2014. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

Your appeal of your September 27, 2014 eligibility determination is dismissed pursuant to your written request.

The October 27, 2014 preliminary eligibility determination finding you temporarily eligible for Medicaid 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 AP000000001056.

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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

This Notice Has Been Provided To