



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 Number: [REDACTED]  
Appeal Identification Number: AP000000001061

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on December 23, 2013. On October 18, 2014, you updated your Marketplace application, which resulted in the Marketplace's request for more information regarding your income. On October 23, 2014, you submitted proof of income and the Marketplace prepared a preliminary determination finding you eligible for Medicaid as of October 1, 2014.

On October 27, 2014, you appealed the Marketplace's failure to timely provide a notice of eligibility before that date.

The Marketplace scheduled a telephone hearing on your appeal request and, on October 28, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 9:00 a.m. on November 12, 2014.

On November 12, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeal Unit. You gave sworn testimony that, on November 6, 2014, you had faxed to the Marketplace a written withdrawal of your appeal request. You confirmed through sworn testimony that you were satisfied with the Marketplace's subsequent determination finding you eligible for Medicaid Fee for Service coverage retroactively to January 1, 2014, and Fidelis Care beginning December 1, 2014. As such, you agreed to withdraw your appeal formally on the record. 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 Your Eligibility?**

The Marketplace's October 23, 2014 preliminary determination has been superseded (replaced) by a subsequent determination regarding your Medicaid eligibility. This dismissal does not affect any such subsequent determinations made by the Marketplace.

## **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. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to 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.

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**This Notice Has Been provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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