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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: December 2, 2014

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000001073

[redacted]

Dear [redacted],

On September 30, 2014, the Marketplace issued a notice of eligibility determination based on your September 29, 2014 application. It found your daughter, [redacted], presumptively eligible to enroll in a Child Health Plus (CHP) and receive financial assistance. However, in order for [redacted] to be determined fully eligible for CHP, you were requested to provide documentation to prove her income level no later than October 17, 2014, and documentation to prove her citizenship status and social security number no later than December 1, 2014. This determination was based, in part, on your attested household income of $63,865.00.

On November 4, 2014, you spoke with the Marketplace Customer Service unit and appealed this eligibility redetermination.

On November 6, 2014, the Marketplace sent you a Notice of Telephone Hearing scheduling your hearing for November 21, 2014 at 9:00am.

On November 20, 2014, with the assistance of a Marketplace Customer Service representative, you resubmitted your application in order to rerun [redacted] eligibility for Medicaid. That same day, the Marketplace prepared a preliminary eligibility determination based on your November 20, 2014 application. It found, among other things, that [redacted] was now eligible for no-cost insurance through Medicaid, with a coverage start date of September 1, 2014.

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).).

On November 21, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of the September 30, 2014 eligibility determination, because you were satisfied with the November 20, 2014 preliminary eligibility redetermination finding [redacted] eligible for Medicaid coverage and because the Marketplace's Customer Service representative confirmed that [redacted] was enrolled in such coverage beginning on September 1, 2014. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's September 30, 2014 eligibility redetermination remains in effect, but has effectively been replaced by the November 20, 2014 preliminary eligibility determination.

[redacted] remains conditionally eligible for Medicaid, with a coverage start date of September 1, 2014.

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 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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A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

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