



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001143

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 4, 2014, you requested an appeal regarding the December 3, 2014 eligibility determination notice by the Marketplace. The determination stated that you were eligible for Medicaid as of October 1, 2014.

On December 29, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open until January 12, 2015 in order to allow you time to submit evidence of your income to the Appeals Unit.

On January 7, 2015, while the record was still open, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and withdrew your appeal on the record.

You testified that you were satisfied with the Medicaid eligibility determination and no longer saw a reason to pursue an appeal.

You further testified that you understood that by withdrawing your appeal, the most recent preliminary eligibility determination in your file from January 7, 2015 would continue in effect.

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

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: 1-877-622-4886).

How does this Dismissal Affect Your Eligibility?

The January 7, 2015 preliminary eligibility determination continues in effect.

You remain eligible for Medicaid.

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 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(a)(1)(i)(B).

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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