



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

## NOTICE OF DISMISSAL - WRITTEN WITHDRAWAL

Notice Date: February 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001265

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 23, 2014, the Marketplace received your request for an appeal of your September 12, 2014 eligibility determination that you were eligible for Medicaid, but that you could not enroll in a Medicaid Managed Care plan because you already had comprehensive Third Party Health Insurance.

On February 4, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you were represented by your attorney and authorized representative [REDACTED]. [REDACTED] testified that your issue had been resolved; your Medicaid Managed Care plan had been made effective for the month of October 2014, but you were waiting for written confirmation from your plan or from the Marketplace to confirm this resolution. The record was developed during the hearing and left open until February 19, 2015 to allow you and your attorney time to submit a written withdrawal, once you had received confirmation that your Medicaid Managed Care plan had been made effective for the month of October 2014.

On February 16, 2015, the Appeals Unit received a letter via fax and correspondence from your Medicaid Managed Care plan which showed that your coverage was reinstated for the month of October 2014.

On February 17, 2015, the Appeals Unit received a letter via fax from your attorney stating that the issue had been resolved and no further determination on

the matter was needed. The letter further stated that you and your attorney would like to withdraw your appeal.

Accordingly, we are dismissing your appeal.

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

Your appeal of the Marketplace's September 12, 2014 eligibility determination is dismissed.

### **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 located 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

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.

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**This Notice Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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