



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

## **NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL**

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001292

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 30, 2014, you requested an appeal regarding the effective date of your Medicaid eligibility.

On December 31, 2014, a notice was issued which stated that your Medicaid eligibility was effective as of December 1, 2014, and that you had enrolled in a managed care plan effective February 1, 2015.

On January 28, 2015, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. While under oath, you identified yourself and withdrew your appeal on the record. You testified that you no longer needed an appeal because your effective start date for regular Medicaid was correct.

You further testified that you understand that if you withdrew your appeal, your December 1, 2014 Medicaid eligibility effective date would become final, and you still wished to withdraw your appeal

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

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

The December 31, 2014 notice is now final.

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).

You remain eligible for Medicaid (Fee-for-Service) effective December 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 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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