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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 17, 2015

NY State of Health Number: [redacted], [redacted]
Appeal Identification Number: AP000000001343

[redacted]

Dear [redacted],

On January 5, 2015, the Marketplace prepared a preliminary eligibility determination that you are not eligible for financial assistance with New York State of Health.

That same day, you appealed the preliminary eligibility determination.

On January 6, 2015, the Marketplace sent you a notice of eligibility determination that was consistent with the January 5, 2015 preliminary eligibility determination. It said you are eligible to purchase a qualified health plan at full cost through New York State of Health, beginning January 1, 2015. It said you are not eligible for Medicaid or an advance premium tax credit because you are qualified for coverage under another New York State of Health account, and are not eligible for cost-sharing reductions because you are ineligible to receive an advance premium tax credit.

On January 7, 2015, with the assistance of the Marketplace's Account Review Unit, your application was corrected and you were found eligible for Medicaid.

On January 8, 2015, the Marketplace issued a letter confirming that you were enrolled in Medicaid Fee for Services beginning December 1, 2014, and enrolled with Excellus Health Plan, Inc., beginning February 1, 2015.

On January 8, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Appeals Unit received your call and placed you under oath.

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

You further testified that you understand that by withdrawing your appeal, the January 7, 2015 preliminary eligibility determination will continue in effect.

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

How does this Dismissal Affect Your Eligibility?

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

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. In that writing, explain why you did not appear for your hearing as scheduled.

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

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).

A Copy of this Notice Has Been Provided To:

[redacted]

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