



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 11, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001372

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 7, 2015, the Marketplace received an application in which you attested to an expected yearly income of \$73,500.00.

That same day, the Marketplace prepared a preliminary determination based on your January 7, 2015 application. It said, among other things, that your sons [REDACTED] and [REDACTED] were eligible to receive Medicaid beginning on January 1, 2015.

On January 7, 2015, you spoke with the Marketplace's Account Review unit and appealed your sons' Medicaid eligibility.

On January 8, 2015, the Marketplace issued a notice of eligibility redetermination that formalized the January 7, 2015 preliminary eligibility determination finding two of your sons Medicaid eligible. The notice further clarified that while your sons were found no longer eligible for Medicaid, their health coverage under this program would continue until December 31, 2015 because "certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible."

On February 9, 2015, 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 the appeal of your sons' Medicaid eligibility since you were now satisfied by the level of coverage provided by Medicaid.

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).

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 7, 2014 preliminary eligibility determination continues in effect.

Cameron and Colton remain eligible for Medicaid coverage beginning January 1, 2015.

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

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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]
[REDACTED]
[REDACTED]

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