



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001441

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

Dear [REDACTED],

On November 3, 2014, the Marketplace issued an eligibility determination stating that you qualify for Medicaid effective January 1, 2015.

On January 12, 2015, you reapplied for health insurance through the Marketplace. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to enroll in a qualified health plan through the Marketplace.

On that same day you spoke to the Marketplace Account Review Unit and appealed the determination finding you Medicaid eligible.

On January 13, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health effective February 1, 2015.

On February 10, 2015, and February 17, 2015, you had a scheduled hearing with the Marketplace's Appeals Unit. On both days you requested an adjournment.

On March 4, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 13, 2015 eligibility determination continues in effect.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, 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 you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 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
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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A Copy of this Notice of Dismissal Has Been Provided To

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

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