



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 5, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001447

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

Dear [REDACTED] [REDACTED],

On January 13, 2015, you requested an appeal regarding the December 27, 2014 notice issued by the Marketplace which disenrolled you, your spouse, [REDACTED], and your children, [REDACTED] and [REDACTED], from Medicaid coverage, effective December 31, 2014.

On February 10, 2015, your account was adjusted to reflect that you and your family are currently enrolled in Fee-For-Service Medicaid until March 31, 2015.

On February 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. [REDACTED] appeared on your behalf as an Authorized Representative. At that hearing, she testified that you are currently satisfied with your eligibility determination and no longer wished to continue your appeal.

Under sworn testimony, [REDACTED] verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

You and your family remain enrolled in Fee-For-Service Medicaid until March 31, 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 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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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).

This Notice Has Been Provided To:

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

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