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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 10, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001531

[redacted]

Dear [redacted],

On January 21, 2015, you requested an appeal regarding the January 21, 2015 preliminary eligibility determination that stated you were no longer eligible for Medicaid, but that your Medicaid coverage would continue because certain individuals who are determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date they were determined eligible.

On January 22, 2015, an eligibility determination notice was issued that was consistent with the January 21, 2015 preliminary eligibility determination.

On March 6, 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 your financial situation had changed and you wanted to remain enrolled in Medicaid.

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

How does this Dismissal Affect Your Eligibility?

The January 22, 2015 eligibility determination remains in effect. You are no longer eligible for Medicaid but your Medicaid coverage will continue because certain individuals who are determined eligible for Medicaid remain eligible for

benefits for twelve continuous months from the date they were determined eligible.

You remain enrolled in UnitedHealthcare of New York with a coverage period of February 1, 2015 to December 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

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).

This Notice Has Been Provided To:

[redacted]

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