

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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 25, 2015
NY State of Health Account ID: Appeal Identification Number: AP00000001570
Dear,
On December 21, 2014, the Marketplace evaluated your eligibility for financial assistance for health insurance for both yourself and your daughter, based on financial information received from state and federal data sources.
On December 22, 2014, the Marketplace issued a notice of clinibility

On December 22, 2014, the Marketplace issued a notice of eligibility determination based on the December 21, 2014 application. It said you and your daughter were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of health insurance, and that neither of you could enroll in a qualified health plan at full cost through the Marketplace. The determination stated that "you did not respond to the renewal notice and did not complete your renewal within the required timeframe."

On December 27, 2014, the Marketplace notified you that both you and your daughter's Medicaid coverage would end effective December 31, 2014.

On January 20, 2015, the Marketplace's Account Review Unit received a written letter from you, requesting an appeal of the December 22, 2014 determination to the extent it discontinued your family's Medicaid coverage as of December 31, 2014.

According to the Marketplace's records, on or about February 2, 2015, a Marketplace representative advised you that you and your daughter were currently receiving Medicaid coverage through the

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).).

, and that such

coverage was in effect until March 31, 2015.

On February 17, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$13,572.00. This application noted that you and your daughter were enrolled in Medicaid coverage until March 31, 2015, and you verified that was accurate.

On February 19, 2015, the Marketplace issued a notice of eligibility redetermination that found you and your daughter Medicaid eligible beginning April 1, 2015.

On February 20, 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 your appeal of the December 22, 2014 determination since you felt the matter had been handled and did not have time to address it further.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 22, 2014 and February 19, 2015 eligibility determinations remain in effect.

You and your daughter remain eligible for Medicaid coverage through the Marketplace beginning April 1, 2015.

Please note that this notification has no effect on you and your daughter's existing Medicaid coverage through the

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.

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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 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 Copy of this Notice of Dismissal Has Been Provided To