



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 13, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001791

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for coverage for the 2015 tax year on February 6, 2015, and modified your application on February 13, 2015.

In notices sent on February 7, 2015, February 13, 2015, and February 14, 2015, the Marketplace stated that you were eligible to receive advance premium tax credits to help pay for the cost of health coverage, in amounts ranging from \$265.00 to \$308.00 per month. The notices also stated that you were not eligible for Medicaid, because the Marketplace had found that your household income was \$26,500.00, which was greater than the allowable limit for that program.

On February 14, 2015, you requested an appeal of the denial of your eligibility for Medicaid.

On March 11, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and stated that because you are now eligible for Medicaid, effective March 1, 2015, you no longer believe it necessary to pursue the appeal. You stated that you were not yet able to sign up for a Medicaid Managed Care plan (MMC), but that you had been told by customer service that you would be able to do so as soon as they corrected an error in your records, which erroneously showed you already had coverage outside of the Marketplace.

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).

You therefore withdrew your appeal on the record.

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

How does this Dismissal Affect Your Eligibility?

The on February 7, 2015, February 13, 2015, and February 14, 2015 eligibility determinations continue in effect. However, you remain eligible for Medicaid, as found by a later determination.

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
Albany, NY 12211
- By fax: 1-855-900-5557

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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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