



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: May 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001884

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

Dear [REDACTED],

On February 17, 2015, the Marketplace issued an eligibility determination notice that stated you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions. You also could not enroll in a qualified health plan at full cost. This eligibility was because you did not respond to the renewal notice and did not complete the renewal within the required time frame.

On February 26, 2015, you requested an appeal because you were no longer eligible for Medicaid coverage.

On February 27, 2015, the Marketplace issued an eligibility redetermination notice that stated you were eligible for Medicaid. This eligibility was effective as of February 1, 2015.

On May 4, 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.

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

How does this Dismissal Affect Your Eligibility?

You are eligible for Medicaid as of February 1, 2015.

Your enrollment in your Medicaid Managed Care Plan is effective as of May 1, 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]
[REDACTED] [REDACTED]
[REDACTED]

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