



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 20, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002216

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 17, 2015, the Marketplace issued a notice of eligibility determination, which stated that you and your son were not eligible for Medicaid or to receive tax credits or cost sharing reductions to help pay for the cost of insurance, because you did not respond to the renewal notice and you did not complete your renewal within the required time frame. The notice further stated that your eligibility would end effective March 31, 2015.

On March 27, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it resulted from misinformation given to you by a Marketplace representative, which caused you to miss your renewal period. Notes contained in the Marketplace's system reflects that you also requested Aid to Continue throughout the appeal process.

On April 14, 2015, the Marketplace issued a notice of eligibility redetermination, which stated that you and your son were eligible for Medicaid effective April 1, 2015 "because your original eligibility was redetermined by an eligibility specialist at New York State of Health."

On May 7, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that, based on the information reflected in your Marketplace account indicating that your New York State Catholic Health Plan, Inc. enrollment was effective April 1, 2015 to March 31, 2016, you were satisfied with your current determination and no longer wished to continue with the appeal.

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).

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect My Eligibility?**

The March 17, 2015 notice of eligibility determination continues in effect. The dismissal of your appeal has no effect on any eligibility determination issued after March 17, 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.

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**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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