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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 17, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000002443

[redacted]

Dear Mr. [redacted]

On January 16, 2015, the Marketplace issued an eligibility determination that found you eligible for Medicaid effective as of January 1, 2015.

On April 9, 2015, the Marketplace issued an eligibility determination that found you are not eligible for Medicaid coverage for the period from December 1, 2014 to December 31, 2014.

On April 16, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the Marketplace determined that you were not eligible for retroactive Medicaid coverage for the month of December 2014.

On May 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you testified that an application on your behalf had been filed with [redacted] County, that you have received a letter from the Local Department of Social Services that your application was accepted and your medical bills for the month of December 2014 would be covered. At the hearing you confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 9, 2015 eligibility determination continues in effect.

However, any eligibility determinations made subsequent to your appeal request will be not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

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

[redacted]

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).