



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002551

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 8, 2015, the Marketplace prepared a preliminary eligibility redetermination in your case that, in relevant part, found your two children, [REDACTED] and [REDACTED], eligible to enroll in a qualified health plan at full cost effective May 1, 2015.

On April 9, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the Marketplace's April 8, 2015 preliminary redetermination. That notice also stated that your two children were not eligible for Child Health Plus or Medicaid because federal and state data sources show that they are already enrolled in Medicaid, Child Health Plus, or another program and therefore, do not qualify for Child Health Plus or Medicaid through the Marketplace.

On April 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the eligibility redetermination insofar as you wanted your two children to be eligible for Medicaid.

The Marketplace scheduled a hearing based on your appeal request and, on May 11, 2015, sent you notice that a Hearing Officer would be contacting you on June 3, 2015 at about 2:00 p.m. to conduct a telephone hearing.

On June 3, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. You were driving and unable to have the hearing at that time so the Hearing Officer agreed to adjourn the hearing to June 4, 2015 at 11:00 a.m. and you agreed to waive formal notice of the adjourned hearing.

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).

On June 4, 2015, the Hearing Officer contacted you to conduct the telephone hearing as rescheduled. Through sworn testimony, you identified yourself and agreed to waive formal notice of the rescheduled hearing. You explained that you wished to withdraw your appeal because you received a letter from the local HRA office that stated your two children had Medicaid and you were provided with their identification numbers. You further testified that you understood that the withdrawal of your appeal does not affect your children's Medicaid enrollment through the local HRA office.

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

How does this Dismissal Affect Your Eligibility?

This notice does not affect your children's Medicaid eligibility and enrollment as determined by your local HRA office.

It simply confirms the withdrawal of your appeal based on your testimony and your request to withdraw your appeal at the time of the June 4, 2015 hearing.

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. No further action will be taken on it by the Marketplace.

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).

A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]