



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001128

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on March 20, 2014, and uploaded your United States passport to your Marketplace online account.

On March 21, 2014, a notice of eligibility determination was issued stating that based on a household income of \$7,464.00, you are conditionally eligible for Medicaid and need to pick a health plan. That notice also informed you that additional information was needed and instructed you to submit proof of citizenship.

On November 14, 2014, the Marketplace issued a notice of eligibility redetermination. The notice stated that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. It further stated that you cannot enroll in a qualified health plan at full cost through the Marketplace. The reason for this decision is that “[y]ou did not provide the information below to confirm your eligibility. It is a requirement of the Marketplace that this proof be provided in order to remain enrolled in health coverage through the Marketplace.” It also states that, “[i]f you are enrolled in a health plan, [you] will no longer receive coverage through [your] plan. [You] will receive a separate notice confirming that [your] coverage in [your] plan has ended.”

On November 15, 2014, the Marketplace issued a disenrollment notice. It said your 2014 health insurance coverage in New York State Catholic Health Plan,

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).

Inc. will end effective November 30, 2014, because you are no longer eligible to enroll in health insurance through New York State of Health.

In a November 26, 2014 letter to the Marketplace, you appealed being disenrolled from your health plan.

On December 2, 2014, a copy of your Certificate of Naturalization, effective December 2, 2003, was uploaded to your Marketplace online account. On December 2, 2014, using your U.S. Passport and Certificate of Naturalization, the Marketplace verified your citizenship status.

On December 12, 2014, the Marketplace reran your eligibility and found you eligible for Medicaid effective December 1, 2014.

In a December 13, 2014 letter, the Marketplace confirmed your enrollment in Medicaid Fee for Service beginning December 1, 2014, and then in New York State Catholic Health Plan, Inc. beginning January 1, 2015.

On December 23, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing, you stated on the record through sworn testimony that you were satisfied with the Medicaid eligibility determination and wanted to withdraw your appeal request. You further testified that you understood that by withdrawing your appeal request that no hearing would be held and the current eligibility determination for Medicaid would continue in effect. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's November 15, 2014 disenrollment determination is no longer in effect.

Your enrollment in Medicaid continues in effect.

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.

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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.

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This Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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