



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: January 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001149

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On November 16, 2014, the Marketplace issued a notice of eligibility redetermination in your case based on updated information. It said that you and [REDACTED] are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of health insurance, and that neither of you can enroll in a qualified health plan at full cost through the Marketplace. The decision stated that you did not provide proof of your citizenship status, which was needed to confirm your eligibility.

On November 17, 2014, the Marketplace issued a disenrollment notice, which stated your and [REDACTED] insurance with New York State of Health would be terminated effective November 30, 2014.

On December 5, 2014, you appealed the disenrollment and requested that your health insurance coverage be reinstated.

On December 29, 2014, you had a telephone hearing with a Hearing Officer from New York State of Health's Appeals Unit. During the hearing, through sworn testimony, you stated that you had driven to Albany, New York, and arranged to have your health insurance coverage through Empire Platinum Guided Access – ceaf reinstated for the month of December 2014. You testified that you wanted to withdraw your appeal since you had rectified the interruption of coverage. Accordingly, we are dismissing your 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: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your eligibility. It simply confirms that you have withdrawn your appeal because your health insurance coverage for December 2014 has been reinstated.

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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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