



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001282

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 7, 2014, the Marketplace issued a disenrollment notice regarding your wife's coverage in Medicaid. It said her Medicaid coverage would end November 30, 2014, because she had not provided proof of citizenship.

On December 29, 2014, you appealed your wife's disenrollment from Medicaid because she had provided proof of citizenship to the Marketplace on February 15, 2014, when her U. S. Certificate of Naturalization was uploaded to your Marketplace account.

In the interim, the Marketplace issued several notices of eligibility redetermination, certain of which indicated that your wife's enrollment in Medicaid would not be interrupted.

On January 16, 2015, the Marketplace scheduled a telephone hearing based on your December 29, 2014 appeal request and sent you a notice telling you that a Hearing Officer from the Marketplace's Appeal's Unit would call you on February 6, 2015 at about 11:00 a.m.

On February 6, 2015, a Hearing Officer contacted you to conduct the hearing as scheduled. Through sworn testimony, you identified yourself and testified that you wanted to withdraw your appeal because there had not been any gap in your wife's Medicaid coverage. You further testified that you were satisfied with her health coverage and understood that, by withdrawing your appeal, it would not be affected.

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

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 wife's enrollment in Medicaid. It simply confirms that you have withdrawn your appeal.

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).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]