



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 25, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001570

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 21, 2014, the Marketplace evaluated your eligibility for financial assistance for health insurance for both yourself and your daughter, [REDACTED], based on financial information received from state and federal data sources.

On December 22, 2014, the Marketplace issued a notice of eligibility determination based on the December 21, 2014 application. It said you and your daughter were 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 could enroll in a qualified health plan at full cost through the Marketplace. The determination stated that “you did not respond to the renewal notice and did not complete your renewal within the required timeframe.”

On December 27, 2014, the Marketplace notified you that both you and your daughter’s Medicaid coverage would end effective December 31, 2014.

On January 20, 2015, the Marketplace’s Account Review Unit received a written letter from you, requesting an appeal of the December 22, 2014 determination to the extent it discontinued your family’s Medicaid coverage as of December 31, 2014.

According to the Marketplace’s records, on or about February 2, 2015, a Marketplace representative advised you that you and your daughter were currently receiving Medicaid coverage through the [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).

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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