



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003485

[REDACTED]

Dear [REDACTED],

On May 3, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were found not eligible to receive advance premium tax credits and cost sharing reductions, or Medicaid effective May 31, 2015. The notice further requested that you provide documentation confirming your citizenship status before May 31, 2015; if you failed to submit the documentation your eligibility to remain enrolled in health insurance through the Marketplace or to receive financial assistance might end. You appealed this determination.

On May 4, 2015, the Marketplace issued a disenrollment notice that stated your enrollment in your qualified health plan was terminated effective May 31, 2015. You were asked to provide citizenship status documentation by October 1, 2015.

On July 22, 2015, your account representative uploaded your Certificate of Naturalization which was verified by the NY State of Health on that same day.

On July 23, 2015, a notice was uploaded to your account stating you were enrolled in Medicaid through Fidelis Care with the New York State Catholic Health effective September 1, 2015. The notice was conditioned on the fact that additional information was required to confirm your citizenship status.

On July 24, 2015, your citizenship documentation in the form of your Certificate of Naturalization dated July 18, 2003 was verified by the NY State of Health.

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 July 25, 2015, a notice was sent from the Marketplace stating you remain eligible for Medicaid effective July 1, 2015 and that your next step was to pick a plan. No further citizenship verification was required.

On Aug. 31, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath. The Hearing Officer was aided by Spanish Interpreter [REDACTED] # [REDACTED].

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because of the subsequent favorable determination dated July 25, 2015, and your verified citizenship documentation. You were informed that you may go into your Marketplace account if you have not already done so and enroll in a plan or one will be chosen for you.

You therefore withdrew your appeal, under oath, on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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, 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 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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