



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004451

[REDACTED]

Dear [REDACTED]

On August 25, 2015, the Marketplace issued an eligibility determination finding your spouse conditionally eligible for Medicaid effective September 1, 2015. You were asked to provide immigration documentation to confirm his immigration status by November 18, 2015.

On August 25, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal with regards to your spouse's disenrollment from his Medicaid managed care plan on August 31, 2015 due to the failure to provide acceptable documentation of his immigration status by the stated deadline. You had uploaded your spouse's Employment Authorization card but it was invalidated due to the expiration date.

On November 23, 2015, a Hearing Officer from the NY State of Health appeals unit called you and you identified yourself. You then stated that you were no longer interested in pursuing your appeal because the issue had resolved itself. You had provided the documentation requested, and re-enrolled in your Medicaid plan effective September 1, 2015.

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).

You therefore withdrew your appeal 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

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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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