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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: January 28, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001113

[redacted]

Dear [redacted],

On November 24, 2014, you requested an appeal regarding the November 6, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions. You were also not eligible to enroll in a qualified health plan at full cost through the Marketplace. The notice further stated that you did not provide information proving your citizenship status, which was necessary to confirm your eligibility for any of the above programs.

Also on November 24, 2014, you uploaded a copy of your United States of America passport to your Marketplace account.

On December 3, 2014, your passport was verified by the Marketplace and your eligibility was redetermined.

On December 4, 2014, an eligibility determination notice was issued. The notice stated that you were eligible to purchase a qualified health plan at full cost through New York State of Health.

On December 30, 2014, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. At the hearing, you testified that you had received the December 4,

2014 eligibility determination that found you eligible to enroll in a qualified health plan. You testified that you are satisfied with this determination.

Under sworn testimony, you withdrew your hearing request on the record.

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

How does this Dismissal Affect My Eligibility?

Your appeal of the November 6, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The December 4, 2014 eligibility determination finding you eligible to enroll in a qualified health plan is now final.

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 AP000000001113.

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.

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).

This Notice Has Been Provided To

[redacted]

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