



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

## NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: January 28, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001127

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 4, 2013, you submitted a non-financial assistance application to the Marketplace in which you identified yourself as a US Citizen.

That same day, the Marketplace prepared a preliminary determination in your case based on your December 4, 2013 application. It found you eligible to enroll in a qualified health plan (QHP) through the Marketplace. The Marketplace did not issue a notice of eligibility determination formalizing the findings under this preliminary determination, nor did the Marketplace issue a notice requesting that you verify your citizenship status.

You enrolled in an Empire Blue Cross Blue Shield (Empire BCBS) plan on December 4, 2013, with coverage beginning on January 1, 2014 for the 2014 plan year.

On November 16, 2014, the Marketplace issued a notice of eligibility redetermination. It said that you were no longer eligible to enroll in a QHP at full cost through the Marketplace since you had not provided information to confirm your citizenship status.

On November 17, 2014, the Marketplace notified you that you would be disenrolled from your Empire BCBS plan, effective November 30, 2014.

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 November 18, 2014, you submitted a revised application to the Marketplace in which you identified yourself as an Immigrant Non-Citizen. You also stated within your application that you were issued an I-551 Permanent Resident Card.

On November 27, 2014, the Marketplace issued a notice of eligibility redetermination based on your November 18, 2014 application. It said that you are eligible to purchase a QHP at full cost through the Marketplace, with coverage beginning on January 1, 2015.

On December 1, 2014, the Marketplace received a letter from you, which included: (1) a request to appeal the Marketplace's November 16, 2014 eligibility determination, (2) a copy of your passport from the Republic of Korea and (3) a copy of your I-551 Permanent Resident Card issued by the U.S. Department of Justice - Immigration and Naturalization Service.

On December 29, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Your Authorized Representative, [REDACTED], was also present. During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of the November 16, 2014 eligibility determination because (1) you were satisfied with the subsequent determination issued by the Marketplace on November 27, 2014, finding you eligible to enroll in a QHP at full cost beginning on January 1, 2015 and (2) there would be no practical benefit to continuing the appeal since you did not incur any medical bills during the month of December 2014 when you were without insurance coverage as a result of your disenrollment from Empire BCBS.

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's November 16, 2014 and November 27, 2014 eligibility determinations remain in effect.

You remain eligible to enroll in a QHP at full cost, with a coverage start date of January 1, 2015.

### **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.

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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 Federal regulation 45 CFR § 155.530.

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**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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