



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001170

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 12, 2013, you submitted an application for health insurance to the Marketplace in which you identified your spouse, [REDACTED], as a U.S. Citizen.

On December 23, 2013, the Marketplace issued an eligibility determination based on your December 12, 2013 application. It stated, among other things, that your spouse was *temporarily* eligible to enroll in a qualified health plan (QHP) through the Marketplace and to receive tax credits to help pay for the cost of insurance, pending receipt of documentation to prove your spouse's citizenship. The notice further stated that the documents to confirm your spouse's eligibility must be received by the Marketplace within 90 days, or there might be a loss of qualification for health insurance.

You and your spouse enrolled in a Healthfirst Silver Leaf (Healthfirst) plan, with coverage beginning January 1, 2014 for the 2014 plan year.

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

On December 10, 2014, the Marketplace received copies of your spouse's U.S. passport and Social Security card. These documents were verified by a Marketplace representative as valid proof of your spouse's citizenship on December 12, 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 December 10, 2014, your spouse spoke with the Marketplace's Account Review Unit and appealed your spouse's disenrollment from the Healthfirst plan.

On January 7, 2015 your spouse had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

Since your spouse indicated that her preferred language was Cantonese, a Cantonese-language interpreter from the NYS Department of Health Language Line Services attended the hearing. The interpreter's identification number was [REDACTED].

During the hearing, through sworn testimony, your spouse stated that she wished to withdraw the appeal of her disenrollment from the Healthfirst plan since she had independently confirmed through her doctors that she remained covered under this plan during the month of December 2014.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

According to Marketplace records as of the date of this Decision, you remain disenrolled from your Healthfirst plan, effective November 30, 2014.

Please note, however, this Decision has no effect on any determinations issued by the Marketplace on or after December 1, 2014, nor does it have any effect on independent actions taken, if any, by your Healthfirst plan to extend your coverage to December 2014.

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.

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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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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