



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

NOTICE OF DISMISSAL - WRITTEN WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001242

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You your initial non-financial application for health insurance through NY State of Health was submitted on June 2, 2014.

On August 21, 2014, the Marketplace issued a notice of eligibility determination that found you temporarily eligible to enroll in a qualified health plan through the Marketplace. The notice also requested more information regarding your citizenship status.

You were enrolled in Empire Catastrophic Guided Access Plan effective July 1, 2014.

On November 15, the Marketplace redetermined your eligibility for health insurance through NY State of Health and issued a notice of eligibility redetermination on November 16, 2014. It said that you were not eligible to enroll in a qualified health plan through the Marketplace because you did not provide proof of your citizenship status.

On November 17, 2014, the Marketplace issued a Disenrollment Notice for your coverage with the Empire Catastrophic Guided Access Plan effective November 30, 2014.

On November 29, 2014, the Marketplace issued a notice of eligibility redetermination that found you conditionally eligible receive up to \$326.00 per

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: 1-877-622-4886).

month of advance premium tax credit, and, if you enrolled in a silver-level plan, conditionally eligible for cost-sharing reductions. It also said that you must provide documentation to confirm your citizenship status by February 28, 2015.

On, or around, December 18, 2014, Marketplace's Account Review Unit received a request to appeal the November 17, 2014 disenrollment notice.

On December 19, 2014, a copy of your passport was uploaded to your Marketplace account as proof of your citizenship status. This document was verified on December 23, 2014.

On December 24, 2014, the Marketplace issued a notice of eligibility redetermination that found you eligible to receive up to \$326.00 per month of advance premium tax credit to help pay for the cost of health coverage, and, if you enrolled in a silver-level plan, eligible for cost-sharing reductions.

You were enrolled in the Healthfirst Silver Leaf Premier plan with coverage effective January 1, 2015.

On January 2, 2015, a Notice of Telephone Hearing was mailed to your father informing him that a telephone hearing for an appeal on your application for health insurance was scheduled for January 20, 2015 at 9:00 a.m.

On January 14, 2015, prior to your scheduled hearing, the Marketplace received a letter from you and your father, stating that you no longer wished to pursue your appeal.

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

How does this Dismissal Affect My Eligibility?

The Marketplace's November 17, 2014 disenrollment notice for your 2014 coverage continues in effect, though has effectively been replaced by the December 24, 2014 eligibility determination.

You remain eligible for up to \$326.00 per month of advance premium tax credit and, if you enroll in a silver-level plan, eligible for cost-sharing reductions.

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: 1-877-622-4886).

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 refer to the 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.

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: 1-877-622-4886).

This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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: 1-877-622-4886).