



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 8, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002620

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

Dear [REDACTED],

On April 23, 2015, the Marketplace issued a notice of eligibility determination stating that your spouse was not eligible to receive help to pay for health coverage or to enroll in a qualified health plan at full cost through New York State of Health because the Marketplace was unable to verify her citizenship or immigration status, and was unable to validate her social security number.

On April 27, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it determined your spouse ineligible to purchase a qualified health plan through the Marketplace.

On April 28, 2015, the Marketplace issued a notice of eligibility redetermination stating that your spouse was conditionally eligible to receive an advance premium tax credit of \$0.00 per month effective June 1, 2015. The notice further stated that she qualified to select a health plan outside of the open enrollment period for 2015.

Also on April 28, 2015, the Marketplace issued a notice confirming your spouse's enrollment in a health plan. The notice further stated that her coverage could start as early as June 1, 2015 if the first month's premium is paid.

On June 15, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You testified that you and your spouse were satisfied with her current eligibility determination and qualified health plan

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enrollment. You further testified that you no longer wished to continue with the appeal, and under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Appeals Unit will not review your case.

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

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Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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