



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002810

[REDACTED]

Dear [REDACTED],

On May 9, 2015, the Marketplace issued a notice of eligibility determination based on its May 8, 2015 preliminary determination that you are conditionally eligible to purchase a qualified health plan at full cost through New York State of health, effective June 1, 2015, after you had been disenrolled effective May 31, 2015 for failure to provide documentation confirming your citizenship status. You appealed this determination.

On August 5, 2015, a Hearing Officer from the Marketplace's Appeals Unit contacted you to conduct a formal hearing as scheduled. You were placed you under oath and identified yourself for the record.

While under oath, you stated that you were no longer interested in pursuing your appeal because your spouse did not experience a gap in coverage and you were now satisfied with the Marketplace's subsequent eligibility determination, date June 17, 2015, that you were eligible to purchase a qualified health plan at full cost effective August 1, 2015 and the enrollment notice, dated June 19, 2015, confirming your plan selection effective August 1, 2015.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Federal Code of Regulations (CFR) 45 CFR § 155.530(a)(1).

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

The Appeals Unit of NY State of Health will not be reviewing this matter. Your and your spouse's eligibility for, enrollment in, and coverage effective dates for a qualified health plan at full cost through the Marketplace remain in effect.

## **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 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 45 CFR § 155.530.

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

