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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: September 7, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000002811

[redacted]

Dear [redacted],

On May 3, 2015, the Marketplace issued an eligibility determination notice, stating that your spouse was not eligible for Medicaid, Child Health Plus, tax credit or cost-sharing reductions. The notice further stated that your spouse was no longer eligible to enroll in a qualified health plan at full cost. This determination was issued because you did not provide documentation confirming your spouse's citizenship status by the April 7, 2015 deadline. Your spouse's eligibility ended effective May 31, 2015. You appealed this determination.

On September 2, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because (1) your spouse has since been reenrolled in his qualified health plan with coverage resuming on July 1, 2015 and (2) the medical expenses you incurred the month your spouse was without coverage, June 2015, did not exceed the premium amount you would be responsible for if coverage was reinstated for June 2015.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (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 at this time.

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

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).

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

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