



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002841

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On May 3, 2015, the Marketplace issued an eligibility determination notice that stated you and your wife are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions to help pay for the cost of insurance. You and your wife were also not eligible to enroll in a qualified health plan at full cost. This eligibility was because you did not provide information to prove your Citizenship Status.

On May 4, 2015, the Marketplace issued a disenrollment notice confirming that that your family's coverage under their CDPHP health plan terminated effective May 31, 2015.

On May 11, 2015, the Marketplace received a revised application.

That same day, the Marketplace prepared a preliminary eligibility determination based on your May 11, 2015 application. It stated that your family was eligible for an advance premium tax credit (APTC) of up to \$762.00 per month and cost-sharing reductions (CSR) if you enrolled in a silver level health plan. This eligibility was effective June 1, 2015.

Also on May 11, 2015, you spoke with the Marketplace Account Review Unit and appealed your family's disenrollment from their CDPHP plan effective May 31, 2015 insofar as it may cause your family's deductible to be reset.

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 May 12, 2015, the Marketplace issued a notice of eligibility redetermination which formalized the findings prepared under the May 11, 2015 preliminary eligibility determination. It stated that your family was eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$762 per month; and, if you selected a silver level plan, CSR. This eligibility was effective June 1, 2015

On May 20, 2015, your account details reflect your selection of the CDPHP plan for your family's coverage beginning July 1, 2015.

That same day, a Marketplace representative backdated your family's coverage start date to June 1, 2015, and instructed "Pan Mgt (*sic*) to contact the plan and not reset the deductible for this account."

On June 16, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal of your family's disenrollment as of May 31, 2015 solely because (1) a Marketplace representative backdated your family's coverage start date to June 1, 2015 and (2) you were told by a Marketplace representative that steps were being taken to ensure the deductible would not be reset as a result of your family disenrollment.

You therefore withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

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

The Marketplace's May 4, 2015 disenrollment notification continues in effect.

Please note that the withdrawal of your appeal as reflected in this notification has no effect on any subsequent determinations issued, or independent actions taken, by the Marketplace on or after May 4, 2015, including the Marketplace representative backdating your family's coverage start date to June 1, 2015 and steps taken to ensure that your deductible would not be reset as a result of your family's reenrollment in the CDPHP plan on June 1, 2015.

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## **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 federal regulation 45 CFR § 155.530.

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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