



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: August 18, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000003164

[REDACTED]

Dear [REDACTED],

On May 2, 2015, the Marketplace issued an eligibility determination notice stating that your spouse, [REDACTED], and your daughter, [REDACTED], were not eligible for Medicaid, Child Health Plus, tax credits or cost-sharing reductions. The notice further stated that your spouse and daughter were also not eligible to enroll in a qualified health plan (QHP) at full cost. This determination was issued because you did not provide documentation confirming their citizenship status by the date requested. Finally, the notice stated that your spouse and daughter's eligibility ended effective May 31, 2015. You appealed this determination.

On May 28, 2015, the Marketplace received copies of citizenship documents for your spouse and daughter.

On June 27, 2015, the Marketplace issued an eligibility redetermination notice stating that your spouse and daughter were eligible to purchase a QHP at full, effective July 1, 2015.

On that same date, the Marketplace confirmed your family's enrollment, including your spouse and daughter, in the UnitedHealth Care Silver plan with a premium responsibility of \$1,552.56, effective August 1, 2015.

On August 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

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).

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal solely because (1) your spouse and daughter did not incur any medical expenses during the months of June and July of 2015 and (2) your entire family, including your spouse and daughter, were reenrolled in the UnitedHealth Care Silver plan with a premium responsibility of \$1,552.56, 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 will not be reviewing this matter.

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

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- 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

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A Copy of this Notice of Dismissal Has Been Provided To



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