



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004309



Dear [REDACTED],

On January 3, 2015, the Marketplace issued an eligibility redetermination based upon a previous determination made on December 11, 2014 for enrollment through the NY State of Health. The determination found you conditionally eligible to purchase a qualified health plan at full cost effective January 1, 2015. The notice stated that before you could choose a health plan you had to provide documentation confirming your Citizenship Status before March 13, 2015.

On May 3, 2015, a notice was issued which stated that your household's eligibility had been redetermined on May 2, 2015. The notice stated that because you did not provide supporting documentation regarding your citizenship status your eligibility would end effective May 31, 2015.

On May 4, 2015, a disenrollment notice was issued that found your gold level health plan was to be terminated effective May 31, 2015.

On August 13, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal to have your policy reinstated. You did not agree with the Marketplace's May 2, 2015 determination finding you no longer eligible to enroll in your health plan.

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 November 13, 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 you would be applying again through the Marketplace for the open enrollment period. You would then provide citizenship documentation at that time to correct the status you originally applied under.

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:

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).

- 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.

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A Copy of this Notice of Dismissal Has Been Provided To



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