



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: December 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004652

[REDACTED]

Dear [REDACTED],

On May 4, 2015, you submitted your application for financial assistance with your health coverage through the Marketplace.

That same day an eligibility determination was made finding you eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$624.00 per month and enroll in a health plan outside of open enrollment effective June 1, 2015. The notice further found your spouse conditionally eligible to enroll in a health plan outside of open enrollment. However, you were asked to provide proof of her Social Security number through acceptable documentation before August 2, 2015.

On August 9, 2015, the Marketplace issued an eligibility determination notice based upon a redetermination of your household's eligibility on August 7, 2015. The notice stated that since you did not provide the requested documentation to verify your spouse's Social Security number by the deadline provided her eligibility would end effective August 31, 2015.

That same day a disenrollment notice was issued terminating your spouse's coverage under your Silver level health plan effective August 31, 2015.

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 September 8, 2015, you requested a telephone hearing to appeal the determination by the Marketplace to terminate your spouse's health coverage based upon the failure to provide proof of her Social Security number.

On November 4, 2015, a notice of telephone hearing was issued for a telephone hearing on December 8, 2015 at 3:00 pm.

On December 8, 2015, at 3:00 pm, a Hearing Officer from the NY State of Health Appeals Unit called you with the aid of Spanish Interpreter Number [REDACTED]. You identified yourself for the record and stated that you no longer wished to pursue your appeal as you had just received the necessary Social Security number documentation. You stated that you would be applying again through the Marketplace after obtaining this information and submitting it.

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.

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## **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.

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



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