



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

## NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: September 5, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000000686

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 10, 2014, the Marketplace issued a notice of eligibility redetermination based upon your April 9, 2014 revised application for health insurance. It said you “continue to be eligible to enroll in a qualified health plan without a subsidy through the Marketplace.”

The Marketplace received a letter from you on April 23, 2014 requesting an appeal of that determination.

On May 6, 2014 and May 8, 2014, the Marketplace issued notices of eligibility redetermination based upon your May 5, 2014 and May 6, 2014 revised applications for health insurance. The notices said that you were eligible for up to \$222.00 per month in advance premium tax credits and that, if you selected a silver-level plan, you would also be eligible for cost-sharing reductions.

On June 5, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for June 23, 2014 at 10:30 am.

A hearing officer contacted you on June 23, 2014, at which time you requested to adjourn the hearing for a later date.

In response to your request, on June 28, 2014, the Marketplace issued an a further Notice of Telephone Hearing to advise you that the hearing you requested was now scheduled for July 15, 2014 at 10:30 am.

On July 15, 2014, prior to your scheduled hearing, the Marketplace uploaded a written withdrawal letter received from you to your account. In the letter of withdrawal, you stated that since the insurance you were seeking did not cover doctors and specialists located outside of New York State, you no longer wished to pursue your appeal, as most of your medical appointments were located in Vermont.

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

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

The Marketplace's May 8, 2014 eligibility redetermination, which supersedes the April 10, 2014 eligibility redetermination, continues in effect.

### **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

### **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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).

## **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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