



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: September 15, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000757

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 24, 2014, you requested an appeal regarding the July 15, 2014 and July 24, 2014 preliminary eligibility determinations made by the Marketplace. Those preliminary determinations stated that you were ineligible to purchase health coverage through the Marketplace because you were enrolled in Medicare Part A. A formal written decision, reflecting these preliminary determinations, was sent to you on August 22, 2014.

On August 18, 2014, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you and adjourned the hearing to August 21, 2014 because you stated that you had not received proper notice of the hearing date and time.

On August 21, 2014, the Hearing Officer called you and you waived your right to formal notice on the record. At the hearing, you testified that you had sent in a request to the Medicare Office to cancel your Medicare Part A so that you could purchase health insurance through the Marketplace. Since you had not received confirmation from the Medicare Office that your Medicare Part A had been cancelled, you decided to withdrawal your appeal request. You verbally withdrew your hearing request on the record at the time of the hearing.

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

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 does this Dismissal Affect My Eligibility?

Your appeal of your July 24, 2014 preliminary eligibility determination is dismissed pursuant to your telephonic request.

The July 24, 2014 preliminary eligibility determination remains in effect.

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. In that writing, explain why you did not appear for your hearing as scheduled.

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 AP000000000757.

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

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).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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).

This Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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).