



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: December 3, 2014

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001071

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 3, 2014, you requested an appeal regarding the November 3, 2014 preliminary eligibility determination made by the Marketplace. That preliminary determination stated that you were not eligible to purchase health insurance coverage through the Marketplace; as noted in the eligibility determination issued on November 4, 2014, you were ineligible because you were already receiving Medicare.

On November 20, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you no longer wished to continue your appeal and had submitted a written withdrawal on or around November 14, 2014. Since your written withdrawal was not visible in your Marketplace account prior to the hearing, the Hearing Officer contacted you to proceed with the hearing. At that time, you testified that you were made aware that you applied for supplemental health insurance through the Marketplace instead of your local Department of Social Services (LDSS) and would continue your application through your local department. Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

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

Your appeal request of the November 3, 2014 eligibility determination is dismissed in accordance with your verbal request.

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: 1-877-622-4886).

You remain ineligible to purchase health insurance coverage through the Marketplace because you are already receiving Medicare.

## **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 AP000000001071.

## **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.

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: 1-877-622-4886).

**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: 1-877-622-4886).