



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

## **NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL**

Notice Date: February 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001280

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 17, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for an advance premium tax credit of up to \$299.00 per month, eligible to receive cost-sharing reductions, and not eligible for Medicaid.

On December 23, 2014, the Marketplace issued a notice confirming your enrollment as of December 22, 2014, through New York State of Health. The notice states that your health insurance coverage through Select Care Silver, Silver, ST, INN, Dep25 could start as early as February 1, 2015.

On December 27, 2014, you spoke to the Marketplace's Account Review Unit and appealed the February 1, 2015 start date of your coverage.

On February 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue the issue on appeal and withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

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

The December 23, 2014, Marketplace notice confirming your enrollment as of December 22, 2014, starting as early as February 1, 2015, through Select Care Silver, Silver, ST, INN, Dep25, remains 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 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:

- 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.

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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